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Gloucestershire County Council

Annual Report

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957

GEO. F. BRAMLEY

County Medical Officer of Health



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Health Department,
Berkeley House,
Berkeley Street,
Gloucester.

July, 1958.

*To the Chairman and Members of
the Health Committee.*

SIR, LADIES AND GENTLEMEN,

1957 was a year with a rising birth rate and falling death rate, both of which are indications of a young population. It also means that there are both more young and old people. It is for these groups of the population that the health services today, like so many of the welfare services, are designed. In Gloucestershire it has meant more pressure on the midwifery, health visiting and home nursing services and on the home help service, particularly as an increasing number of births have taken place outside hospital. Whilst there continues to be more demand for confinement in hospital than there are beds available, it is the local health authority services which have to take up the expanding responsibility. The demand for beds also applies in so far as the care of the elderly and chronic sick is concerned. Extra strain was put on the services by travel restriction at the beginning of the year and the influenza epidemic in the late summer and early autumn. The personal health services, being either medical or medical auxiliary in essence, are geared to deal with conditions which may alter from day to day, and it is pleasing for me to be able to say that all the staff of the department rose to the occasion and that additional responsibilities and sudden emergencies were taken within the stride of ordinary work.

There was last year a slight rise in the infantile mortality rate and although this will fluctuate from time to time, the general tendency will be a further decline. The Maternity and Child Welfare Services were reviewed by a Ministry of Health team at the end of the year. The report was not received until 1958 and it will be a matter for fuller report next year. The Committee were, however, pleased to receive the commendations of the Minister on the advances which had been made in this service.

There was a further fall in the tuberculosis death rate and the number of new cases of pulmonary tuberculosis. The work in prevention of the last forty years, combined with the progress in medical treatment of the last ten years, are now beginning to have effect. The final extinction of this disease will not, however, be easy.

The control of infectious diseases is becoming more and more a matter of building up personal resistance by vaccination. We are responsible for vaccination against smallpox, whooping cough, diphtheria, poliomyelitis and now influenza. These take up a large amount of the time of medical officers, health visitors and district nurses, as well as general practitioners, but we were able at short notice at the time of the influenza epidemic to vaccinate those members of our own staff who would be required to work with patients suffering from the disease, and to arrange for the distribution of the vaccine locally to general practitioners for their own use. Fortunately so far as the epidemic itself was concerned, although widespread and sudden in onset, it was mild, of short duration, and did not attack the elderly who might have been more prone to complications. From our records of absence from school there were more absences due to influenza in 1957 than in the epidemics of 1951 or 1918. Fortunately the mild autumn epidemic of 1957 was not followed up by the severe type as happened in 1919 following the milder disease of 1918.

Over 16,000 children were vaccinated against poliomyelitis during the year and we were able to use all the material which the Ministry of Health made available. These additional prophylactic programmes were managed without interference with the ordinary work of the department. There was an increased number of patients notified as suffering from poliomyelitis, the cases were widespread but in no area was there even local prevalence.

The reports on the reviews of the ante-natal services following the Ministry of Health circular on Prevention of Toxaemia were considered, but only in minor ways was it necessary to adjust the Council's own services. These were easily carried out and the Children's Committee co-operated by reducing their charges for children received into care because the mother needed to rest or to be admitted to hospital because of toxaemia. The need for more beds for ante-natal care in the centre and south of the county is a matter for the Minister and the Regional Hospital Board, and the outcome of their consideration of these reports is awaited.

Dealing with problem families has still absorbed a good deal of everybody's time. Different methods have been used according to the particular needs of the families and the facilities available, e.g., some families have been helped by the admission of children to a Day Nursery, others by the Home Help Service and some by the Children's Department special worker.

It has not been possible to fill all the vacancies for district nurse/midwife/health visitors. A report of the Queen's Institute suggested that one cause was absence of housing and suitable transport, but we had continuing vacancies in areas where new houses and cars are provided. It does seem that with all the other nursing posts available to them, nurses are not prepared to take the extra qualifications required for this kind of work. The combining of duties in the rural areas is the only way of economically providing the nursing, midwifery and health visiting services and if the vacancies continue this policy for the vacant areas will need to be reconsidered.

The Mental Health Services have further expanded and have become more integrated with the Mental Hospital Service, particularly so with the Mental Hospitals which cover the greater part of the County. We have helped the Physician Superintendent to implement his new approach to the use of the Mental Hospital. It has meant an almost complete reassessment of the work of the mental health officers but as they are brought more into contact with the hospital side of the work, they will be able to ensure that on discharge from hospital patients meet with sympathetic co-operation from their families and neighbours. The stress must be, as in so many other illnesses, that specialist treatment and investigation should be started early, not only to ensure cure but, where cure is impossible, to get an early adjustment by the patient to his commitments and by the people with whom he associates to his difficulties. It will also ensure that hospitals are used for treatment and not only for accommodation.

A second Mobile Child Welfare Centre was provided during the year and now I am satisfied that there is no mother or child who cannot be reached by the child welfare service.

Unfortunately I cannot say this with regard to the Dental Service. This is not because of the lack of clinics but of the continued shortage of dental officers. The Principal Dental Officer goes into this matter in detail in the body of the report.

The Home Help Service has continued its good work during the year and for the first time since 1948 it was not expanded. There were, however, adjustments during the year which enabled it to cope with its responsibilities.

So far as the Ambulance Service is concerned, there is almost an indication that the increasing demands on the service have reached a peak. This, however, is only achieved by the help of hospital staff and general practitioners who call upon the service, and the diligence of the Ambulance staff who endeavour to prevent its misuse and co-ordinate journeys so as to travel with full loads and keep down the mileage per patient.

During the year the Council was indebted to yet further help from the County Association for the Blind, who paid the capital cost for the extension of Ellerslie Home for the Blind in Cheltenham. Although seventeen additional beds were provided and there are now sixty-one residential places available for the blind in this county, there was still a waiting list at the end of the year. There was expansion for the care of the handicapped in 1957 when the number of occupational therapists was increased by three. There are now four occupational therapists to assist the physically handicapped in their own homes. At the moment this seems to be sufficient to ensure that all those who can benefit by this service will have help.

Gloucestershire will be one of the first counties to have a Nuclear Power Station and following the Windscale incident it is not surprising that anxiety was expressed in certain quarters as to danger which might be associated with such a project. It does seem, however, from the results of reports on the Windscale incident and all the precautions which are being taken at Berkeley by the appropriate authorities, that there will be no need for alarm. We are assured that there will be set up, in due course and before the station is in operation, a local liaison committee in which the County Health Authority will be represented to ensure the co-ordination of activities of all those services and interests which would be involved in the unlikely event of any emergency which might affect them.

In November, Dr Cormack, the Divisional Medical Officer of Health for the Southern area, died suddenly. Words can only very inadequately express the loss which was sustained.

I have referred above to monetary help from a voluntary body. This county is probably unique in the number of voluntary bodies and persons with which it is associated in carrying out its duties, and I take this occasion to thank everybody involved for the enormous amount of help and time which they give to assisting in the services for which the County Council is responsible. I also wish to thank the Chairman and Members of the Committee and the Council and my staff for their continued help and assistance.

I have the honour to be,

Your obedient servant,

GEO. F. BRAMLEY,
County Medical Officer of Health.

STAFF
as at 31st December, 1957

County Medical Officer of Health and Principal School Medical Officer	G. F. Bramley, M.D., D.P.H. *
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	W. Davidson Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer	Vacant
Senior Assistant County Medical Officer of Health and School Medical Officer ...	J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers	Katharine E. M. Allen, M.A., M.R.C.S., L.R.C.P. Margaret D. Cameron, M.B., Ch.B., D.P.H. D. E. Clare, M.B., B.S., D.P.H. Sheila M. E. Grew, M.R.C.S., L.R.C.P. Catherine E. Hignell, M.R.C.S., L.R.C.P. Jean M. Moore, M.B., B.S. Mary P. S. Seacome, M.A., B.M., B.Ch. P. J. Speller, M.B., Ch.B., D.P.H.
Assistant County Medical Officers of Health and Divisional Medical Officers of Health (also District Medical Officers of Health)	A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., D.P.H. M. L. Sutcliffe, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
Divisional Medical Officers of Health ... (also District Medical Officers of Health)	W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G. One Vacancy
Chest Physicians (part-time)	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P.
Principal Dental Officer	J. F. A. Smyth, L.D.S.
Dental Officers	P. Crane, L.D.S. D. N. de Gruyther, L.D.S. W. M. Ellis, L.D.S. A. J. Lane, L.D.S. Miss M. S. MacKinnon, L.D.S. A. W. McCarthy, L.D.S. F. McGonigal, L.D.S., D.D.O. J. P. B. Pengelly, L.D.S. W. F. Richards, L.D.S. Mrs D. W. Squires, L.D.S. D. A. Thomas, L.D.S. N. R. Thomas, B.D.S., L.D.S. 7 part-time officers 5 vacancies

Dental Hygienist	...	...	...	...	Mrs W. E. Judd
Superintendent Health Visitor	...	...	...	...	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor	...	...	...	...	Miss F. E. Fortnam
Health Visitors	...	...	...	...	66 in number
Health Visitor Tutor	...	...	...	...	Miss R. Atkinson
County Nursing Association :					
Secretary	...	...	...	...	A. F. Poyser
Superintendent	...	...	...	...	Miss M. A. Bach
Assistant Superintendents	...	...	...	...	Miss C. M. Allison
					Miss A. E. Simpson
					165 District Nurse/Midwives
					8 part-time
Orthopaedic After-Care Sisters	...	...	...	...	Miss I. A. Beale
					Miss V. Leake
					Miss N. Long
					Mrs E. A. Stokes
Mental Health Home Teacher	...	...	...	...	Mrs E. M. Barnes
Mental Health and Duly Authorised Officers					G. L. Cox
					V. N. Denne
					A. E. Poyser
					G. H. Watts
Duly Authorised Officers	...	...	...	...	J. D. Harris
					F. H. Livesey
					F. L. Wintle
Assistant Duly Authorised Officers	...	...	...	...	D. S. Bayliss
					D. W. Parker
Supervisors of Occupation Centres	...	...	...	...	4 in number
Assistant Supervisors of Occupation Centres	...	...	...	...	15 in number
Dental Attendants	...	...	...	...	15 whole-time and
					8 part-time
County Sanitary Inspector	...	...	...	...	S. B. J. Davies, A.R.S.H., F.P.H.I.A.
Assistant County Sanitary Inspector	...	...	...	...	P. McCandlish, C.P.H.I.E.J.B.

Live Birth Rate per 1,000 population	...	...	...	...	...	16.40
Still Births—163. Rate (per 1,000 total Births)	...	...	...	...	...	21.78
Deaths—4,806. Rate (per 1,000 population)	...	...	...	...	...	10.41
Deaths from Pregnancy, Childbirth and Abortion	...	...	...	...	...	2
Maternal Mortality Rate (Deaths per 1,000 total births)	...	...	...	...	...	0.26
Death Rate of Infants under one year of age :—						
All infants, per 1,000 live births	...	...	...	...	...	22.32
Legitimate infants, per 1,000 legitimate live births	...	...	...	...	...	21.84
Illegitimate infants, per 1,000 illegitimate live births	...	...	...	...	...	32.83
Death Rate of Infants under four weeks of age :—						
All infants, per 1,000 live births	...	...	...	...	...	16.38
Legitimate infants, per 1,000 legitimate live births	...	...	...	...	...	15.62
Illegitimate Infants, per 1,000 illegitimate live births	...	...	...	...	...	32.83
Deaths from :—						
Cancer (all ages)	...	...	...	...	...	818
Measles (all ages)	...	...	...	...	...	1
Whooping Cough (all ages)	...	...	...	...	...	2
Gastritis, enteritis and diarrhoea (all ages)	...	...	...	...	...	14

1. Live Birth Rate

The Birth Rate for the year 1957 was 16.40 per 1,000 of the population, as compared with 16.17 in 1956.

The following table shows the comparative figures for the past five years :—

	1953	1954	1955	1956	1957
Urban	15.28	15.74	15.61	16.03	16.72
Rural	15.98	15.83	15.33	16.23	16.24
Administrative County	15.74	15.80	15.42	16.17	16.40
England and Wales	15.5	15.2	15.0	15.6	16.1

2. Death Rate

The Death Rate for the year was 10.41 per 1,000 of population as compared with a rate of 11.78 last year.

The total number of deaths in the County during 1957 was 4,806 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease ...	580	3.76	1073	3.49	1653	3.58	12.07	22.33	34.33
Cancer ...	305	1.98	513	1.67	818	1.77	6.35	10.67	17.02
Vascular lesions of nervous system ...	240	1.56	437	1.42	677	1.47	4.99	9.09	14.09
Pneumonia ...	67	0.43	129	0.42	196	0.42	1.39	2.68	4.08
Other Circulatory Diseases ...	63	0.41	128	0.42	191	0.41	1.31	2.66	3.97
Bronchitis ...	70	0.45	115	0.37	185	0.40	1.46	2.39	3.85
Accidents ...	63	0.41	118	0.38	181	0.39	1.31	2.45	3.77

3. Infantile Mortality

The Infant Mortality Rate for the County was 22.32. The rate for England and Wales for the same period was 23.0.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1951 ...	71	32	108	23	179	26	29
1952 ...	79	34	115	24	194	28	27
1953 ...	49	21	111	23	160	23	26
1954 ...	65	27	109	23	174	24	25
1955 ...	58	24	109	23	167	24	24
1956 ...	52	21	94	19	146	19	23
1957 ...	57	22	112	22	169	22	23

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities

(a) The arrangements for laboratory facilities for the undertaking of Public Health bacteriological and pathological work remain the same as for last year.

(b) REPORT OF E. G. WHITTLE, B.Sc., F.R.I.C., PUBLIC ANALYST

SUMMARY OF EXAMINATIONS

A total of 1182 food and milk samples were taken up (523 were milk) and 63 of drugs.

TABLE I

1st quarter

A.1674	Milk	Informal	10.6 per cent added water
A.1675	„	„	11.8 per cent added water
A.1680	„	Formal	14.7 per cent added water
A.1681	„	„	15.3 per cent added water
A.1682	„	„	7.1 per cent added water
B.1839	„	„	18.3 per cent deficient in fat and abnormal N.F.S. 8.25%
B.1890	„	Informal	14.1 per cent added water
B.1891	„	„	10 per cent added water
B.1892	„	„	4.7 per cent added water
B.1912	„	Formal	16.7 per cent deficient in fat and abnormal N.F.S. at 8 per cent
B.1914	„	„	6.7 per cent deficient in fat and abnormal N.F.S. at 8.1 per cent

2nd quarter

A.1737	Milk	Informal	10 per cent deficient in fat
A.1739	„	„	15 per cent deficient in fat and abnormal N.F.S. at 8.4 per cent
A.1748	„	„	6.6 per cent deficient in fat
A.1751	„	„	6.6 per cent deficient in fat and abnormal N.F.S. at 8.2 per cent
A.1757	„	„	10 per cent deficient in fat
A.1758	„	„	13.3 per cent deficient in fat
C.1934	„	Formal	6.7 per cent deficient in fat
C.1948	„	Informal	Channel Island milk 7.5 per cent deficient in fat
C.1952	„	„	6.6 per cent deficient in fat
C.1955	„	„	8.3 per cent deficient in fat
C.1957	„	„	6.6 per cent deficient in fat
C.1958	„	„	10 per cent deficient in fat
C.1959	„	„	6.6 per cent deficient in fat
C.1961	„	„	10.0 per cent deficient in fat
C.1963	„	„	10.0 per cent deficient in fat
C.1964	„	„	10.0 per cent deficient in fat
C.1970	„	„	10.0 per cent deficient in fat

3rd quarter

A.1842	Milk	Informal	8.3 per cent deficient in fat
B.2115	„	„	13.3 per cent deficient in fat
B.2125	„	Formal	13.3 per cent deficient in fat
B.2138	„	„	30 per cent deficient in fat
Bulk fat B.2138 with B.2139 was 2.63 per cent			
C.2051	„	Informal	10 per cent deficient in fat
C.2052	„	„	11.7 per cent deficient in fat
C.2054	„	„	5 per cent deficient in fat
Bulk fat C.2051 to C.2054 was 3.0 per cent			
C.2061	„	„	Channel Island Milk, 17.5 per cent deficient in fat
C.2062	„	„	Channel Island Milk, 15.0 per cent deficient in fat
C.2065	„	„	Channel Island Milk, 10 per cent deficient in fat
C.2067	„	„	Channel Island Milk, 20 per cent deficient in fat
Bulk fat of C.2064 to C.2067 was 3.8 per cent			
B.2086	Balsam of Aniseed	Formal	Deficient in acetic acid as compared with the stated amount
This sample is the follow up to B.2012 of last quarter			

Thirty-nine milks were returned as adulterated and of these nine were formal samples. Thirty-one samples showed deficiencies in fat and five of these were also abnormal in solids-not-fat. Eight samples contained added water.

Comment was made on the following irregular samples (other than milk).

B.2086	Balsam of Aniseed	Formal	Deficient in acetic acid as compared with stated amount. Follow up sample to B.2012 of June quarter
B.2012	Balsam of Aniseed	Informal	Only 1.9 per cent acetic acid against declared 6.6 per cent

TABLE 2

OTHER MILKS REQUIRING COMMENT

	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	Total
Abnormal solids not fat	18	10	10	5	43
Channel Islands satisfactory	20	11	30	22	83
Channel Islands unsatisfactory	—	1	4	—	5
Channel Island poor quality	—	—	—	—	—
Appeal to cow samples	*9	—	—	—	9
Poor quality. Fat below 3.0 per cent	1	2	2	1	6
Suspicious. Low N.F.S. and freezing point depression less than 0.530° C.	1	—	—	—	1

* of which two were abnormal N.F.S.

Thus of 722 milks examined, 43 were abnormal in respect of solids-not-fat, that is, they gave figures below 8.5 per cent, but the freezing point did not indicate added water. Eighty-three Channel Islands milks were satisfactorily above the 4 per cent minimal fat requirement, whilst five were deficient in fat. Of the nine appeal to cow samples, two had abnormal solids-not-fat.

TABLE 3

OTHER FOOD AND DRUGS REQUIRING COMMENT

A. 1643	Milk Flavouring Syrup	Informal	Comment on contents and the presence of mould growth
A.1708	Tomato Paste	„	Tin equivalent to 3.5 grains per pound
B.1846	Ground Nutmeg	„	Mould growth present
B.1876	Horseradish Relish	„	Old stock. List of ingredients included “ synthetic cream ”
B.1877	Milk Flavouring Syrup	„	Similar to A.1643 above. Also had mould growth
B.1911	Lard	„	Contained 1.0 per cent of water
C.1818	Cake	„	Contained a spiral of metal
C.1825	Halibut oil	„	Some loss of vitamin A potency.
C.1851	Orange Pie Filling	„	Contained orange oil. Orange flavour would be a better description
C.1882	Bread	„	Contained a portion of a beetle
B.1976	Orange Milk Flavouring Syrup	„	} These samples had mould growth
B.1977	Orange Milk Flavouring Syrup	„	
C.1993	Milk	„	Snail found in unopened pint bottle of milk
B.2012	Balsam of Aniseed	„	Only 1.9 per cent acetic acid against the declared 6.6 per cent
A.1830	Sausage	„	Type not stated but calculated as beef gave only 45 per cent meat and must be regarded as of poor quality

B.2090 Canned Tomato Juice, informal, required comment on a somewhat excessive tin content at 340 p.p.m. The Food Standards Committee of the Ministry of Agriculture, Fisheries and Food, recommended a maximum of 250 p.p.m. Report on Tin in Foods 1953. The Committee also stated that until more decisive evidence was available on the subject of the toxicity of tin, it was not proposed to give statutory effect to the proposed limit.

As a result of a letter received by the Clerk of the Council from the Ministry of Agriculture, Fisheries and Food, a sample of a Non-Alcoholic Port Flavour Beverage was procured. A question had been asked in the House of Commons as to whether in view of the fact that the contents have the smell and taste of pear drops and have no resemblance in either sense to port, the Minister will consider taking action in the matter under Section 6 of the Food & Drugs Act. The offending article was apparently sold in the Cirencester Branch of a Multiple Store.

The following comment was made on A.1995, Non-Alcoholic Port Flavouring Beverage.

“ This sample consists of a dilute syrup containing about 10 per cent of sugar and has a slight acidity of approximately 0.4 per cent calculated as acetic acid. As stated it contains no alcohol. It is conceded that the flavour bears little, if any, resemblance to true port, but the esters used are presumably the best attempt the firm could make in achieving a “ port flavour.” Amyl acetate which gives a pear drop odour may well be one of the esters used in formulating the ‘ flavour,’ but the amounts used, and required, are so small as to be chemically undetectable unless quite impossible volumes of the beverage were available. Even then separation of the probably sized esters would be exceedingly difficult.

I am of the opinion that the product is what it purports to be—a non-alcoholic beverage of port *flavour*. Indeed at less than 2/- per bottle it is difficult to see how a purchaser might be prejudiced since to my knowledge it is impossible to define a true port flavour. I would not recommend any action by the County Council against this product.”

A.2042, a milk bottle containing a foreign body. The following comment was made :—

“ The foreign body found in this 1/3 pint milk bottle was confirmed as a curved piece of glass 1 $\frac{3}{4}$ in. long and $\frac{1}{2}$ in. at the widest point. The curvature and appearance of the fragment compared closely with the neck of the milk bottle itself which was found to be intact. Owing to its size it was not easy to remove from the bottle, a fact which may help to explain its retention during the washing process.”

A survey of nine informal samples of sausage gave the following information :—

C.2219	Pork	Meat content 72 per cent	satisfactory
C.2220	Beef	„ „ 56 „ „	satisfactory
C.2221	Pork	„ „ 65 „ „	satisfactory
C.2222	Pork	„ „ 62 „ „	poor quality
C.2223	Beef	„ „ 70 „ „	satisfactory
C.2224	Beef	„ „ 60 „ „	satisfactory
C.2225	Pork	„ „ 62 „ „	poor quality
C.2226	Beef	„ „ 65 „ „	satisfactory
C.2227	Pork	„ „ 59 „ „	poor quality

The assessment of quality are made against the immediate post-war standards of 50 per cent meat as a minimum in beef sausages and 65 per cent meat as a minimum in pork sausages

TABLE 4

PHARMACY AND POISONS ACT

P. & P.3	Kettle Descaler	Informal	This preparation consisted of approximately 80.5 per cent w/v Formic Acid, probably in tap water. Formic Acid does not at present appear in the Poisons List, but being a strong acid it should be handled with care.
P. & P.4	Kettle Scale Remover	Informal	This preparation consisted of approximately 46.0 per cent w/v Formic Acid, probably in tap water. Formic Acid does not at present appear in the Poisons List, but being a strong acid it should be handled with care.

2. National Health Service Act, 1946

I) HEALTH CENTRE

The work at the Hester's Way Health Centre, Cheltenham, has proceeded smoothly during the year, and the following is a summary of the attendances made under the various services.

General Practitioner Consultations	Treatment and Casualties	Child Welfare	Ante & Post Natal	Total
14,077	2,496	5,492	1,428	23,493

A school health service Minor Ailment Clinic is held at the Centre and relaxation classes for expectant mothers.

(II) CARE OF MOTHERS

(a) *Expectant and Nursing Mothers*

During the year the reviews of the care of expectant mothers in conjunction with the appropriate Hospital Management Committees and Clinical Area Committees recommended by the Ministry of Health following the issue of the Memorandum by the Standing Maternity and Midwifery Advisory Committee on "Ante-Natal Care in relation to Toxaemia" were completed. In this county there is a wide variation of arrangements existing to fit in with sparsely populated rural areas on the one hand and urban areas on the other. There are also large maternity units with more applications for beds than can be accommodated, particularly in Cheltenham, Gloucester and Bristol, but the smaller maternity units, particularly in Chipping Sodbury, Cirencester and Moreton-in-Marsh are able to accept all applications for admission whether on medical or social grounds. One would, therefore, expect such wide variations. In the more rural areas and even in some of the small towns general practitioners carry out full ante-natal care of their patients, in many instances the midwife attends the doctor's surgery at the time of ante-natal examination or, alternatively, the doctor and midwife together visit the expectant mother in her own home. In the more urban areas the Authority's ante-natal clinics are available for the general practitioner to attend with the midwife for his domiciliary cases.

The conferences were useful and have stressed the points which we have all been trying to develop in the last ten years. Amongst the few variations which were required in the county practice was that medical examinations at the Soundwell Clinic will in future be carried out by general practitioners on their own cases, or on other practitioners' cases with their agreement, to replace the medical officer formerly provided by the Council. This was the last remaining clinic where we had a medical officer doing ante-natal work.

The need to encourage expectant mothers with toxæmia to rest was stressed. It was realised, however, that some mothers were unable to get the rest they should have as they were unable to pay home help fees for a long period. The Council agreed to reduce the fees in these cases and the Children's Committee agreed that where children of such mothers were admitted to residential nurseries, the charges should be reduced. The overwhelming need, however, to be able to apply the recommendations of the memorandum were recognised as the provision of additional ante-natal beds in Cheltenham, Gloucester and Bristol. This is a matter outside the County Council's jurisdiction but they have given their support in the necessary recommendations.

The number of expectant mothers who attended ante-natal clinics was 2,879, nearly 500 more than in 1956; 1,006 were new cases. The medical officer's sessions were reduced to 152 from 234 and the attendances at midwives' sessions were 7,168.

(b) *Arrangements for Confinements*

There were 7,706 births notified during the year, an increase of 177 over the previous year. 4,942 took place in hospital and 2,764 at home, being 64.1 per cent hospital confinements, approximately the same as in previous years. Applications for admission to hospital for confinement on social grounds are dealt with by the senior medical officer. 2,622 applications for hospital were dealt with and in 284 cases (10.9%) admission was not considered necessary as domiciliary conditions were adequate, if necessary with the employment of a home help. The medical grounds for admission having become more extended, particularly with early toxæmia, it was found necessary to be more stringent in refusing applications on social grounds. This, however, has become a little easier than in previous years with the slight all round general improvement in housing conditions.

(c) *Care of the Mother and Illegitimate Child*

The arrangements with the Diocesan Moral Welfare Associations for the care of the mother and illegitimate child continued during the year. Owing to increased costs of the Gloucester Diocesan Association of Moral Welfare, the Council's grant was increased. The number of County cases dealt with in the Gloucester Diocese was 257, including 85 in the Borough of Cheltenham, whilst in the part of the County within the Bristol Diocese the number was 15. There were 335 illegitimate births amongst the total births in the County, a percentage of 4.3 comparable with previous years. The percentage in Cheltenham was 7.7 against 6.5 in 1956, which was a reduction on previous years. The following is an analysis of the work done by the organisers in the Gloucester Association, which includes Cheltenham figures :—

Single women with illegitimate infants	...	...	...	...	221
Married women with illegitimate infants	...	...	...	...	36
Ages of Mothers :—					
14-16 years	...	...	...	...	10
17-20 years	...	...	...	...	121
21-24 years	...	...	...	...	50
Over 24 years (including 14 not known)	...	...	...	...	85

Arrangements were made for 109 cases to be taken to mother and baby homes after confinement, 53 of whom were sent to St Catherine's Home, Cheltenham, and 56 to other parts of the country. The care and in particular the ante-natal care which is now being given to the unmarried mother is evidenced by the fact that the infantile mortality rate of illegitimate babies is much nearer that for legitimate.

St Catherine's Home, Cheltenham

Sixty-two unmarried mothers and babies were admitted, 53 of them being County cases, and in addition there were 21 shelter cases. The average stay was $33\frac{1}{2}$ days before confinement and $33\frac{3}{4}$ days after. The post-natal period continues to be long because of the difficulty in placing mother and baby.

(III) CARE OF CHILDREN

(a) *Home Visiting*

Summary of home visits during the year :—

	Number of Children under 5 Visited	Children under 1 year First Visits	Children under 1 year Total Visits	Children 1 - 2	Children 2 - 5	Total Visits
L.H.A.	30,761	6,177	47,702	21,291	45,776	114,769
Vol. Org.	6,128	1,122	12,265	5,350	9,035	26,650

The reduction in home visits by Health Visitors employed by voluntary organisations has been due to the inability to recruit through the County Nursing Association the district midwife/home nurse who has also a health visitor's qualification.

(b) *Child Welfare Centres*

The second mobile child welfare centre was in operation during the year and at the end of the year the five fixed centres at Ashleworth, Bibury, Dymock, Minsterworth and St Briavels had been closed, and are now covered by Mobile Unit. There are now 103 fixed voluntary centres, two centres with no voluntary committee but with voluntary helpers. The mobile welfare centres at the end of the year attended 42 centres, providing 45 child welfare sessions each a month.

	1957	1956
No. of sessions held per month	332	293
No. of children who first attended under 1 year of age ...	5,607	5,236
Total number of children who attended	17,351	16,611
Total number of attendances :—		
Under 1 year	57,537	54,720
Over 1 year and under 2 years	19,839	20,070
Over 2 years and under 5 years	30,233	30,397

Mothers' Clubs

There are ten Mothers' Clubs in the County including a new one at The Stanleys and it is hoped that there can be further developments of this activity.

(c) *Distribution of Welfare Foods*

Distribution has continued smoothly and the help given by the volunteers whether in the Child Welfare Centre or their own houses or business premises is very much appreciated.

The restricted bulk delivery arrangements of the welfare foods brought into effect by the Ministry of Health in 1956 have not created any special difficulties and the instances in which local stock has become exhausted have been extremely low and is a reflection of the manner in which the voluntary personnel have met the circumstances.

In the figures below will be noticed the reduction in the take-up of National Dried Milk. The reduction has occurred since the increase in the price in April. It has been noted that mothers have preferred to take up liquid milk and buy a proprietary brand of dried milk.

Welfare foods were available at 237 points in the County, i.e., 145 Child Welfare Centres, including places visited by the mobile units, 44 shops, 26 houses and 22 full or part-time offices with paid assistance.

The quantities of welfare foods distributed were :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
138,325 (175,775)	42,867 (50,749)	376,755 (349,527)	20,815 (21,004)

The 1956 figures are shown within brackets.

(d) *Day Nurseries*

Two day nurseries in Cheltenham and one in Kingswood and one in Stroud have been maintained, there having been a further cut in the number of places at Kingswood. As Stroud was unable to maintain a full register without admission of non-priority cases, it was agreed that they should be admitted but a charge additional to that for meals should be made. There was, however, little use made of this facility. In the four nurseries there were at the end of the year 44 approved places for children under the age of two and 81 for children over two. At the end of the year 39 were on the register under the age of two and 86 over the age of two, and average daily attendance throughout the year was 37 under two and 69 over two.

Training of Nursery Students

During 1957 twenty-one students obtained the certificate out of twenty-one students who sat for it.

(IV) RECUPERATIVE HOLIDAY HOMES

Twenty-one mothers with sixty-one children were sent for holidays during 1957, and two children went unaccompanied.

(V) PROBLEM FAMILIES

The Officers Co-ordinating Committee considered thirty-three new cases during the year and seventeen families who were already under supervision. These numbers do not, of course, cover the whole of the problem families, of whom nearly three hundred are known to the Health Department. Apart from the central committee, the Divisional Medical Officers have called local conferences of officers concerned to deal with individual cases. There is, of course, no one method that will deal with all problem families. In some instances the Home Help Service is able to provide a supporting or temporary solution and on occasions a permanent solution. The experiment of employing a whole time officer with special training through the Children's Committee confined to two neighbouring districts has been successful with a number of families ; the principle is that the Local Housing Authority informs the Children's Officer of families with children whose household is showing any sign of deterioration, usually of course beginning with rent arrears. The officer visits regularly, giving both material and admonitory assistance.

(VI) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no nurseries registered but there are twelve registered child minders who can offer places for forty-eight children. No application for daily minder's fees has been received.

(VII) INFANT DEATHS

The following table shows the infant mortality rate for the past five years :—

				England & Wales	County
1953	...	...	...	26.8	23.1
1954	...	...	...	25.5	24.6
1955	...	...	...	24.9	24.1
1956	...	...	...	23.8	19.8
1957	...	...	...	23.0	22.3

The rise in the infantile maternity rate is disappointing but not unexpected after what might be referred to as the dramatic fall last year. The increase on last year is in the neo-natal period, i.e., within the first twenty-eight days of birth. All the illegitimate deaths were within this period.

There were 169 deaths of children under the age of one year, of which 124 occurred during the first 28 days and 45 between four weeks and one year.

Causes of death of the 45 children between four weeks and one year

				Place of Death	
				Home	Hospital
Broncho-pneumonia	...	...	...	6	5
Broncho-pneumonia with other conditions	...	...	...	—	1
Bronchitis	...	...	...	—	—
Asphyxia	...	...	...	8	1
Congenital Heart Disease	...	...	...	—	1
Congenital Deformities	...	...	...	3	6
Gastro-enteritis	...	...	...	—	—
Other conditions	...	...	...	3	11

There is an encouraging reduction in the number of preventable deaths, e.g., broncho-pneumonia but an increase in deaths due to asphyxia. These are commonly ascribed to suffocation by a pillow but if a detailed post mortem examination could have been made in every case perhaps the early onset of pneumonia might have been found. There is also an increase in the number of congenital defects. In the state of our present knowledge these cannot be prevented.

Neo-Natal Deaths

There is an increase in the number of deaths occurring in the first 28 days compared with last year, the figure of 124 representing 73.3 per cent of the total infant deaths and a neo-natal rate of 16.38. The causes of death were as follows :—

Prematurity—where this condition is given as sole cause	...	34
associated with atelectasis	...	17
associated with other conditions	...	10
		— 61
Congenital defects	...	17
Cerebral haemorrhage	...	6
Atelectasis	...	19
Infections	...	3
Asphyxia	...	1
Haemolytic Diseases	...	1
Other	...	16
		—
		124

The number of deaths associated with prematurity was one more than last year and is 49 per cent of the total neo-natal deaths. There were 492 premature live births of which 381 took place in hospital, 105 at home and six in nursing homes. Thirty-nine of the infants born in hospital died within 28 days, 81 infants born at home were entirely nursed there with one death, and 24 of the infants born at home were transferred to hospital and three died. Of the six cases born in nursing homes which remained there one died.

When it is anticipated that there will be a premature delivery, especially if the infant is expected to be small a hospital confinement is arranged.

Premature children born at home are, if very small, taken to one of the Special Hospital Units and special provision for their journey to hospital is made. For those who remain at home one of the Assistant Nursing Superintendents has had special training during the year and either undertakes their care or advises the midwife. Additional equipment is also provided.

The infant mortality rate in Cheltenham has again fallen in 1957 but still remains above the average for the County and during the year detailed investigation into each case was continued. Of the total 169 infant deaths in the County 33 were of children of Cheltenham residents, 23 were neo-natal deaths, of which 16 were premature.

As reported in the previous year an unusually large proportion of these babies were very small, under 3 lb. 4 oz. at birth, among the ten deaths between 28 days and one year there were six cases of respiratory infection. No deaths were notified from gastro enteritis.

Four notified illegitimate children died under 28 days but no deaths of those children of 28 days to one year occurred in 1957.

In March I reported to the Health Committee that one of the causes of the continued high infant mortality rate in Cheltenham was the apparently unusually high number of very small premature babies born in the Maternity Hospital. This statement had to be taken in conjunction with the reminder that statistically the Cheltenham numbers were small and, therefore, unless repeated year after year were of no significance and also that of the number born, the hospital did not lose by death any more proportionately than any hospital whose statistics I had seen.

The Committee considered that in view of these findings the Minister of Health should be asked to investigate. As a result the Minister sent two Medical and one Nursing Officer to survey the Council's maternity and child welfare services in particular those provided in the Borough of Cheltenham. The report was awaited at the end of the year.

Still Births

There were 161 still births included in the 7,706 notified births, a still birth rate of 21.78 which is the same as in 1956 : 134 of these took place in institutions and 27 at home. There were 85 premature still births, 75 in institutions and 10 at home. Details are given of the 27 cases of still births attended at home by midwives :—

Infant dead before commencement of labour

Abnormality of infant	...	...	...	...	...	6
Abnormality of placenta	...	...	...	...	...	2
No definite cause apparent	...	...	...	...	...	3
Toxaemia of pregnancy	...	...	...	...	...	2

Infant alive at commencement of labour

Abnormal presentation	...	...	...	...	...	5
Prolapsed cord	...	...	...	...	...	2
Cord around neck	...	...	...	...	...	1
No cause	...	...	...	...	...	6
						—
						27

Age of mother

Not known	Under 22	23-25	26-29	30-32	35-38	over 38
6	1	5	7	4	3	1

Number of previous pregnancies

Nil	1	2	5	6
8	10	6	2	1

(VIII) MIDWIFERY—HOME NURSING

This service is provided through the County Nursing Association and District Nursing Associations and only in the Wick area is there no effective District Association. The year saw the provision of houses for district nurses mainly achieved by the completion of two flats at Fairford, houses at Horsley and Pilning and Dymock house in course of erection. There is still urgent need for houses or flats in Minchinhampton, Westbury-on-Severn and Withington, and future needs will be only a few houses per year as existing nurses living in their own accommodation retire.

At the end of the year 87 separate houses or flats, 43 of which are furnished by the Association, were available for staff : 36 built by the County Council, 16 purchased by them and 35 rented properties. Thirty-seven nurses are providing their own accommodation.

There were 28 resignations during the year from the total staff of 164 and only 20 replacements. Recruitment has been particularly difficult to fill vacancies for combined nurses, i.e., district nurse/midwife who carries out in addition health visiting duties. This has put particular pressure on the whole-time health visiting service as that service has had to carry the burden of providing the health visiting service in the rural areas normally covered by the combined nurse. There are various reasons why the Associations have been unable to recruit combined nurses and in some quarters it is stated that the difficulty is due to the lack of housing and transport difficulties. This does not apply in this County as in some instances new houses have had to remain empty and all nurses in rural areas are provided with a car if they are unable to provide one themselves and are reimbursed for its cost of use. There were 14 vacancies at the end of the year, five for combined nurses, and this figure has increased at the time of writing this report to eight.

Nursing Staff as at 31.12.57

County Staff :—

Queen's Nurses	...	...	...	...	82
State Registered Nurses (S.R.N.) and State Certified Midwives (S.C.M.)	...	...	...	...	24
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.)	...	...	...	...	18
State Registered Nurses	...	...	...	...	2
State Enrolled Assistant Nurse	...	...	...	...	1

This number includes the County Superintendent, two Assistant Superintendents, sixteen Area Relief Nurses and three Emergency Nurses.

Victoria Home, Cheltenham :—

Queen's Nurses (including the Superintendent) and Assistant Superintendent and 3 Male Nurses					13 + 2 part-time
S.R.N., S.C.M.	...	...	...	...	6
S.R.N.	...	...	...	...	3
S.C.M.	...	...	...	...	3 + 2 part-time
S.E.A.N.	...	...	...	...	3 + 1 part-time

Kingswood House :—

Queen's Nurses (including the Superintendent) ...					4
S.R.N., S.C.M.	...	...	...	...	— + 1 part-time
S.R.N.	...	...	...	...	1 + 1 part-time
S.C.M., S.E.A.N.	...	...	...	...	2
S.E.A.N.	...	...	...	...	1
Total Staff					163 + 7 part-time

Training Courses

Six Nurses completed the Queen's District Training.

Two Nurses completed the Health Visitors' Course through the County Training Scheme.

Thirty-four Midwives from Regional Hospital Board Hospitals received their Domiciliary Part II Training with approved district teaching training from six approved District Teaching Midwives.

Post Graduate Courses

One Assistant Superintendent attended a Course in the Care of Premature Babies.

One Assistant Superintendent attended a Supervisor of Midwives Course.

Twenty-four Midwives attended Midwifery Refresher Courses.

Four Midwives attended a Course on Parentcraft, Group Teaching and Relaxation.

Four Combined Nurses attended Health Visitor Refresher Courses.

The thirty-fifth Annual Gloucester City and County Refresher Course was held in April.

Summary of Work of Superintendent and Assistants

Routine visits to Staff	...	...	...	351
Special visits of enquiry	...	...	...	38
Other visits	...	...	...	95
Visits to Honorary Secretaries	...	...	...	10
Meetings and interviews attended	...	...	...	63
Interviews in office	...	...	...	149
Visits to Premature Babies	...	...	...	68
Lectures	...	...	...	3

*Record of Nurses' Work**New Cases*

Midwifery	...	...	...	...	2,358
Maternity	...	...	...	...	348
Early discharges from Hospital	...	...	...	...	928
Miscarriages	...	...	...	...	286
General : Medical	...	...	...	...	9,682
Surgical	...	...	...	...	2,368
Infectious diseases	...	...	...	...	58
Maternal Complications	...	...	...	...	19
Tuberculosis	...	...	...	...	66
Miscellaneous	...	...	...	...	3,503
Total					19,616

Clinic Sessions

Ante-natal	...	...	...	...	1,817
Post-natal	...	...	...	...	129
Child Welfare	...	...	...	...	803

Public Health

Home Visits	...	...	...	...	33,655
Sessions	...	...	...	...	1,970
Total visits					460,832
Total sessions					4,820
Night Calls					2,139

Fifty-seven per cent of the new medical cases were aged 65 or over at the time of first visit and the visits accounted for more than half of the nurses' visits and considerably more than this of their time. This would appear to indicate that many admissions to hospital of elderly people are avoided and we have never had to ask for a patient to be kept in hospital because home nursing was not available. State Enrolled assistant nurses continue to be used in some areas with success.

Report of the Work of the Local Supervising Authority

During the year 239 certified midwives notified their intention to practise as midwives and 10 as maternity nurses. At the end of the year there were 216 midwives practising in the area of the Authority, 133 employed by voluntary bodies, 79 by Hospital Management Committees, one in private domiciliary practice and three in private nursing homes.

1. Deliveries attended by Midwives

	Domiciliary	Institutional	Total
Employed by voluntary organisations ...	2,706	—	2,706
Employed by Hospital Management Committees ...	—	3,451	3,451
In private practice ...	2	108	110
	2,708	3,559	6,267

2. *Medical Aid under Section 14(1) of the Midwives Act, 1951*(1) *Domiciliary*

(a) Where the medical practitioner had undertaken to provide maternity service	...	...	...	986	
(b) Others	...	...	...	41	
				—	1,027
(2) <i>Cases in Institutions</i>	...	...	...	243	
				—	1,270

3. *Inhalational Analgesia*

Number of midwives qualified to administer inhalational analgesia :

(a) In hospitals	...	...	...	79	
(b) In private homes	...	...	...	3	
				—	82
(c) In domiciliary practice :					
(i) employed by District Nursing Associations	...			133	
(ii) in private practice	...	...	...	2	
				—	135

Number of sets of apparatus used in domiciliary practice :

(a) Gas and Air	...	...	...	131
(b) Trilene	...	...	...	15

Number of cases in which inhalation analgesia was administered by midwives in domiciliary practice :

		Gas and Air	Trilene	Total
(a) When doctor not present at delivery	...	1,630	507	2,137
(b) When doctor present at delivery	...	198	115	313
		—	—	—
		1,828	622	2,450

Pethedine

This drug was used by midwives in 1,123 cases.

Supervision of Midwives

Three members of the medical staff of the Department are approved as medical supervisors of midwives, also the Medical Officer of Health for Cheltenham and the County Nursing Superintendent and two Assistant Superintendents as non medical supervisors.

Maternal Deaths

There were only two deaths during the year associated with pregnancy or confinement.

(IX) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS

Report of the Principal Dental Officer

On the 31st December the total strength of the dental staff was the equivalent of 15.3 officers (13 whole-time and 7 part-time). This is an increase of one whole-time officer compared with a year earlier, but the increase was unfortunately only due to the temporary employment of newly qualified men awaiting call-up for National Service. The average staffing position throughout the year was slightly below the

1956 level. Of the total of 6,476 sessions, the equivalent of 519 (approximately 1 in 12) was spent on treatment of mothers and pre-school children. In the North Cotswolds, Tewkesbury and Dursley areas it was again necessary to refer mothers to general practitioners. The new clinic in Tewkesbury, however, made it possible to arrange for the service to be provided at the clinic as from January, 1958, and when the clinics at Moreton-in-Marsh and Dursley are completed it should be possible to provide treatment in practically all areas of the county.

Dental health education

The increasing incidence of dental decay, especially in children, coupled with the shortage of dentists, makes it a matter of "urgency and even emergency" (to quote the McNair Report) that every effort should be made to control the disease. Notable success in prevention has been achieved in almost all diseases of children, except for dental decay. The Report of the New Zealand Commission of Enquiry on the Fluoridation of Public Water Supplies (1957), states that "the incidence of dental disease (in that country) is so widespread and severe that it constitutes a major problem in public health." Precisely the same might be said of this country, and the only logical conclusion is that it is the duty of every health authority to concentrate primarily on prevention. Although this has been said on occasions in past years, it is only recently that sustained attention has been focussed on the prevention of dental disease.

Three methods of controlling decay appear to be effective: an optimum concentration of fluoride in the water supply, limitation of the intake of sugar (in all forms) between meals plus oral hygiene, and thirdly very early treatment of incipient dental defects, and the real value of the last has been called in question.

All available evidence shows that where an optimum quantity of fluoride is present in the water supply, whether occurring naturally or added artificially, a significant reduction takes place in the incidence of decay, even up to 60%, among children, without any undesirable side-effects on general health. This evidence was reviewed exhaustively by the New Zealand Commission of Enquiry, who reported unanimously in favour of fluoridation. In this country four demonstration schemes are in operation, in Anglesey, Watford, Kilmarnock and Andover. Very great opposition has been encountered in each area from small but powerful "Pressure groups." At the moment, the proposed amalgamation of Water Undertakings would make Water Boards in the county hesitate to add fluoride to water supplies. What can and should be done, however, is to bring the real facts before the public so that a positive demand for fluoridation may be created.

In dental health education there has been a welcome increase in material appearing in the Press and on radio and television. In this county, increasing efforts have been made in this direction, the dental hygienist, Mrs Judd, playing a notable part. In June an exhibition was staged at the Three Counties Show, and attracted no little attention. Film strips with tape recorded commentaries proved most successful, and useful experience was gained in the type of exhibit which appeals to the public. As a result, sets of slides are being prepared to enable a simple and convincing story to be given to the public. Three rules for dental health are emphasised—no sweet or sticky things between meals, mouth rinsing after meals, and cleaning teeth last thing at night, with nothing sweet to eat or drink afterwards. The laboratory is producing visual aids, such as giant models and teeth. Results so far have been encouraging, although it is impossible to assess real effects except over a long period.

The hygienist gave 38 talks at Welfare Centres, and arrangements are being made for her to address mothers clubs in 1958. Talks were also given to a Young Wives' club and several parent-teacher associations. Personal instruction was given to all patients attending for scaling.

Treatment of expectant and nursing mothers

In general patients were referred for treatment by doctors, midwives and health visitors. 147 were referred to general practitioners, treatment being completed for 91. In all, treatment was provided for 578 patients. An interesting point is that many more young mothers requiring conservative treatment are being seen, and fillings rose from 143 per 100 treated in 1956 to 187 per 100 in 1957. Extractions, however also rose from 399 to 455 per 100 over the same period, and dentures from 58 to 67 per 100. There was a welcome increase in the proportion made dentally fit. Of the 322 scalings, 264 were carried out by the hygienist.

Treatment of children under five

There was again a small decline in the numbers treated, and a further deterioration in the ratio of fillings to extractions. As pointed out in previous years, the existing dental staff cannot do more than touch the fringe of the problem of conservation of the deciduous dentition. The statistical tables required by the Ministry of Health are given below.

A. Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	522	507	470	379
Children under five ...	871	767	710	555

B. Forms of Dental Treatment provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		X-rays
							Full	Partial	
Expectant and Nursing Mothers	322	877	—	—	2140	301	170	166	38
Children under five	—	447	242	—	1202	497	—	—	—

General Anaesthetics

As far as possible arrangements were made for these to be administered by specialist or general practitioner anaesthetists and over 60% of the total anaesthetics were given by them.

Dental Laboratory

This continued to function efficiently during the year, and work was again carried out for the Regional Hospital Board's dental staff. Details of work are given in the following table.

	Ortho- dontic Appliances	Dentures	Repairs	Crowns	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W.	—	347	13	—	—	26	386
Total work (inc. M. & C.W. School and R.H.B.)	479	691	80	8	838	91	2,187

(X) HEALTH VISITING

Other parts of this report give details of the work done by health visitors among the families of the county.

The increase in staff to the highest number ever recorded is reflected in the greater number of visits paid in spite of the time spent on preparation for the vaccination of children against poliomyelitis.

There were fewer area meetings than usual as petrol restrictions were in force in the early months of the year and in addition, only one general conference was held.

Post graduate courses were attended by a proportion of the staff who appreciate all opportunities to revise their knowledge and methods of work and to fit them for their changing duties.

The exchange health visitor from New Zealand was a welcome and valuable colleague, whose departure, when her time here is completed will be regretted.

The total number of visits paid during the year were as follows :—

Health Visitors (whole-time)	128,101	(117,775)
(part-time)	30,946	(33,049)

The figures for last year are indicated in brackets.

Health Visitors' Training Course

Thirteen students who were accepted for training completed the Health Visitors' Training Course in June. One of these students was sponsored by the World Health Organisation and one by Gloucester City. All the students were successful in passing the examination of the Royal Society for the Promotion of Health and received the Health Visitor's certificate. The overseas student sponsored by the World Health Organisation returned to Turkey to carry out public health work in Ankara, and the student from Gloucester City returned to that Authority to complete her contract of service. Of the remaining eleven students sponsored by this County, nine were appointed as full-time Health Visitors and two were appointed to carry out combined duties of District Nurse/Midwife/Health Visitor.

The ninth course is now being held and ten students were selected to take the course under the County's training scheme, which commenced on 3rd September.

(XI) VACCINATION AND DIPHTHERIA IMMUNISATION

(a) *Vaccination against Smallpox*

Vaccination	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
Primary ...	3001	181	179	254	336	3951
Re-vaccination	16	9	46	140	532	743

There was an increase of 531 in primary vaccinations and an increase of 185 in re-vaccination compared with 1956.

(b) *Whooping Cough Vaccination*

The scheme for vaccination against whooping cough which commenced in June, 1955, developed and 4,855 children were protected compared with 2,225 in 1956.

A suspended whooping cough vaccine is supplied and in view of the danger of the disease in early life vaccination is recommended before the age of six months. Immunisation against diphtheria can then be done soon after this age.

The following table gives details of the numbers of children for whom records were received. The total number of children receiving combined prophylaxis, by general practitioners, which is also included in the statistics for diphtheria immunisation in sub-paragraph (d) below, shows an increase of 1,114 on 1956.

Age at 31.12.57 i.e., Born in Year	Under 1 1957	1 year 1956	2 - 4 1955 - 3	5 - 14 1952 - 43	Under 15 Total
(i) Whooping Cough Vaccination ...	1,268	269	134	41	1,712
(ii) Combined Diphtheria/Whooping Cough Prophylaxis (obtained by and given by General Practitioners) ...	2,196	643	202	102	3,143
No. of Re-inforcing Injections ...	—	—	121	179	300

(c) *B.C.G. Vaccination*

	1956			1957			Grand Total since 1954
	County	Chelten- ham	Whole County	County	Chelten- ham	Whole County	
No. of schools concerned	50	9	59	61	10	71	71
Invited	3,629	972	4,601	5,984	962	6,946	16,498
Accepted	2,331	425	2,756	3,871	375	4,246	9,797
Tuberculin tested	2,113	379	2,492	3,709	368	4,077	9,054
Positive	517	67	584	699	59	758	1,898
Negative	1,596	312	1,908	3,010	309	3,319	7,156
Percentage positive	24.5%	17.7%	23.3%	18.6%	16.0%	18.6%	21.0%
Not Vaccinated	15	—	15	26	—	26	58
Vaccinated	1,581	312	1,893	2,984	309	3,293	7,098

The Authority has continued to participate in the Oxford Regional Hospital Board's Survey of B.C.G. vaccination and the Records Officer has provided the following analysis of initial Tuberculin Tests done during the School Year, 1956-57.

			Heaf Test	Mantoux 10 T.U.	Total
(i) Tuberculin tested	...	...	166	3,273	3,439
(ii) Positive	...	...	31	647	678
(iii) Negative	...	...	135	2,626	2,761
(iv) Vaccinated	...	...	135	2,626	2,761
(v) Tested for Conversion	...	...	88	1,848	1,936
(vi) Converted	...	...	88	1,797	1,885
(vii) Not Converted	...	...	—	51	51
(viii) Percentage converted	...	...	100.0	97.2	97.2

(d) *Diphtheria Immunisation*

The following table gives the number of children at the end of the year who had completed a course of immunisation :—

Age on 31.12.57 (i.e. Born in Year)	Under 1 1957	1 - 4 1953-56	5 - 9 1948-52	10 - 14 1943-47	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1953-57	813	18,682	23,902	10,986	54,383
B. Number of children whose last course primary or booster) was completed in the period 1952 or earlier	—	—	5,724	15,743	21,467
C. Estimated mid-year child population	7,330	27,870	76,000		111,200
Immunity Index 100 A/C	11.1	67.0	45.9		48.1
Number of children who received com- plete course during year	4,664	2,051	841		7,556
No. of reinforcing injections	—	694	8,094		8,788

The immunity index of children under one year is 11.1 which is considerably short of the target of 25 for these children. Reinforcing injections for school children showed a decrease of 558 to 8,094.

(e) *Poliomyelitis Vaccination*

On the 1st January, 18,537 registered children from the 1947 to 1954 age groups were awaiting injections and 160 required second injections. With the increased amounts of British vaccine made available by the Ministry of Health it was possible to offer registration during July to children born in the years 1955 and 1956, and in September registrations for the 1947 to 1954 groups were reopened.

During the year the vaccination of 16,321 children were completed, but on the 31st December, 22,049 children still required two injections and 3,154 one injection. With the 2,170 children who had been protected in 1956, a total of 18,491 had been protected since the commencement of the scheme.

In November the Minister of Health announced that vaccination against poliomyelitis before the summer of 1958 would be offered to children under the age of 15 and to expectant mothers. Arrangements were made for the registrations of the additional groups to open on the 1st January, 1958.

(f) *Influenza Vaccination*

The Ministry of Health informed us that a vaccine was available to give protection against Asian type influenza and vaccination was offered to hospital staff, general practitioners and to local authority staff who care for sick in their own homes, for example, nurses, midwives, home helps and ambulance staff. The vaccine was supplied through the department to general practitioners and arrangements were made for the vaccination of our staff in the categories mentioned. The following is a summary showing the numbers of persons vaccinated.

			Number accepting Vaccination	First Injection	Second Injection
District Nurse/Midwives	...	...	75	59	56
Home Helps	...	...	458	302	266
Ambulance Driver/Attendants	...	...	72	54	40
General Practitioners	...	...	154	153	153
Polish Hostel	...	...	10	10	10
Barnwood House, Gloucester	...	...	162	162	162
			—	—	—
Totals	...	...	931	740	687
			—	—	—

(XII) *AMBULANCE SERVICE*

Below are set out the numbers of patients carried and mileage covered during 1957, with comparative figures for previous years.

Year	Patients				Mileage			
	Amb.	S.C.C.	H.C.S.	Total	Amb.	S.C.C.	H.C.S.	Total
1949	22,958	5,397	35,696	64,051	373,071	68,575	875,970	1,317,616
1950	19,321	11,444	36,997	67,762	348,330	81,119	780,465	1,209,914
1951	23,600	22,240	29,086	74,926	367,075	188,842	606,327	1,162,244
1952	30,628	36,260	42,772	109,660	388,617	288,148	434,414	1,111,179
1953	43,230	50,821	37,080	131,131	444,987	311,880	373,560	1,130,427
1954	49,657	58,922	28,860	137,439	476,885	340,187	297,822	1,114,894
1955	60,535	61,819	30,472	152,826	572,879	343,151	315,162	1,231,192
1956	67,259	68,728	24,202	160,189	633,714	354,733	294,932	1,283,379
1957	69,807	70,325	18,934	159,066	618,925	362,805	214,907	1,196,637

For the first time, the number of patients decreased, which may mean that demands on the Service are becoming stabilised.

Types of cases carried are as follows :—

Type Percentages	1954	1955	1956	1957
Admissions (Non-emergency) ...	6	3	3	3
Discharges and Transfers ...	8	4	5	5
Outpatients (Clinics) ...	66	71	66	68
Mental Health ...	14	15	19	19
For other Authorities ...	2	2	2	1
Emergencies ...	4	5	5	4

232 long-distance cases were carried by train compared with 148 in the previous year.

The use of radio continues to achieve the maximum economy and availability, as is seen by the fact that the miles per patient journey in 1957 were 7 compared with 20, 15 and 10 in the years 1949, 1951 and 1952.

Hospital Car Service drivers have again given good service often under very difficult conditions.

Vehicles

During 1957, two new ambulances, capable of carrying four stretcher patients or eight sitting patients were put into service, with three new sitting-case cars, capable of carrying six sitting or one stretcher and three sitting cases.

The suitability of diesel-units was examined during the year, but after prolonged tests, the Health Committee agreed that this type of unit was not at present suitable for the type of patient carried.

The total number of vehicles in service is 25 ambulances, 6 bus-type vehicles and 10 sitting-case cars, with 3 ambulances and 1 sitting-case car as operational reserve.

Stations

Negotiations are in progress for the improvement or erection of station premises at Newent, Moreton-in-Marsh and Cinderford.

Service Workshops and Stores are now installed at Longhill, Elmstone Hardwicke. The house on the site is occupied in two flats by the Workshops Officer and his family, and the area District Nurses. The increased facilities have improved the mechanical efficiency of the Service.

Personnel

Seventy-nine driver/attendants were employed at the end of 1957, compared with eighty in 1956.

Civil Defence

The Ambulance and Casualty Collecting Section of the Civil Defence Corps comprises 475 volunteers. Of these 241 have been trained and 54 are under training by either Service or Corps qualified instructors.

Eight ambulance vehicles are in use for training purposes.

Volunteers taking part in the South Western Regional Competitions won the Section Trophy for 1957 and, also formed part of the composite Gloucestershire team which were the Regional winners.

(XIII) PREVENTION OF ILLNESS. CARE AND AFTER-CARE

I. TUBERCULOSIS

The arrangements for the prevention, care and after-care of tuberculosis include the B.C.G. vaccination of school children who are in their thirteenth year. B.C.G. is also given to young children who are family contacts of patients with Pulmonary Tuberculosis

The number of persons who received B.C.G. vaccination during the year was 3,594. The total now being 8,577 since the commencement of the scheme.

At the 31st December, 201 persons were receiving free supplies of milk at the rate of two pints per day and in 12 cases where the supplies had been reduced to one pint daily.

Summary of formal notifications during the year :—

Age Periods	Number of Primary Notifications of New Cases of Tuberculosis													Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males ...	—	—	4	2	3	7	9	23	26	28	22	15	—	139
Respiratory, Females ...	—	—	3	1	3	10	25	25	16	9	5	4	—	100
Non-Respiratory, Males ...	—	—	2	2	4	2	2	6	1	2	—	—	—	21
Non-Respiratory, Females	—	1	—	7	7	3	4	8	—	2	1	1	—	34

New Cases coming to knowledge during the year otherwise than by formal notification :

Source of Information	Number of Cases in Age Groups													Total
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Death Returns from Local Registrars—														
Respiratory Male ...	—	—	—	—	—	—	—	—	2	—	2	2	1	7
Respiratory, Female ...	—	—	—	—	—	—	—	—	1	—	—	1	—	2
Non-Respiratory Male ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Respiratory Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Death Returns from Registrar General (Transferable deaths)														
Respiratory Male ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Respiratory Female ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Respiratory Male ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Respiratory Female	—	—	—	—	—	—	—	—	—	—	1	—	—	1

There were no posthumous notifications.

Persons removed from Register during the year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of Notification ...	1	3	4
(b) Recovery	160	44	204
(c) Death	62	1	63
(d) Left County or no trace ...	174	18	192

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 3,916 (3,253 pulmonary, 663 non-pulmonary) as compared with 3,927 (3,259 pulmonary, 668 non-pulmonary) at the 1st January.

There were 26 fewer new cases in 1957 than in 1956 and there was a reduction in the number of deaths from 47 to 41 as will be seen in the following tables which show the mortality figures for the years 1952 to 1957 :—

Deaths from Tuberculosis

Age Period	1952		1953		1954		1955		1956		1957	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year	—	—	—	—	—	2	—	—	—	—	—	—
1-4 years	2	3	1	1	1	—	—	—	—	—	—	—
5-15 years	—	3	1	1	—	—	1	1	—	1	—	—
15-45 years	26	2	23	2	24	5	18	3	12	1	8	1
45-65 years	35	6	37	4	27	1	18	—	14	3	15	2
65 years and over	11	—	10	1	14	2	8	—	15	1	13	2
	74	14	72	9	66	10	45	4	41	6	36	5
Totals	88		81		76		49		47		41	

Tuberculosis Welfare

The arrangement made with the Bristol Corporation whereby Gloucestershire residents attend Bristol Chest Clinics and Hospital and are supervised by Bristol Welfare Officers has worked satisfactorily.

The work done during the year under this service is set out in the following table :—

No. of Patients seen at Ham Green Hospital ...	52
No. of patients seen at Clinic	70
No. of patients provided for by Bristol Welfare Officers	82
No. of interviews at Hospitals	1,000
Total ...	1,204

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P., SENIOR CHEST PHYSICIAN
NORTH GLOUCESTERSHIRE CLINICAL AREA

TABLE I

New County cases of Tuberculosis known to the Chest Clinic in 1957 :

Orthopaedic Abdominal, and Cervical glands	...	21
Primary and post-primary infection		25
Phthisis		115
Total		161

TABLE II

Incidence of new cases of phthisis in the Clinical Area (N. Glos. plus City of Gloucester)

1949	1950	1951	1952	1953	1954	1955	1956	1957
258	254	263	239	244	229	184	218	160

The proportion of minimal cases in 1957 (22%) is almost exactly the same as in each of the previous six years.

Contact Examinations

Arising out of the 161 new notifications (Table I) 432 new contacts were examined. From the preliminary examinations four further cases were discovered.

A total of 197 children were B.C.G. vaccinated under the County Contact Scheme in 1957.

In the last three years marked changes have taken place both in the incidence and in the treatment of tuberculosis. It has not been easy to assess the minimum requirements of treatment of the individual patient to avoid, if possible, a prolonged illness, without incurring the risk of relapse. It has been equally difficult to assess the future requirements both for preventive measures and for curative institutions, and to avoid the dangers of a facile over-optimism with regard to tuberculosis which is a continuing, though diminishing, major public health problem.

A sustained fall in the new cases of tuberculosis has taken place in recent years, the most remarkable change being the present comparative rarity of cases of acute phthisis among young women. This presumably due to the better discovery and control of the older infectious case, as these young women have not yet been greatly influenced by the school B.C.G. vaccination campaign.

Accompanying the decline in the number of new cases there has been a decline, though much steeper, in the number of sanatorium beds required. These have been halved in recent years and used for other purposes. Fewer new cases, many fewer relapse cases and the present tendency to treat patients with much shorter bed rest and much longer ambulant chemotherapy have reduced the need for institutional accommodation.

So good are the results of long-term chemotherapy that the need for surgical treatment is now much less than formerly. In spite of all treatment however, there remains a hard core of cases who remain incurable, infectious, and disseminators of drug-resistant bacilli. Studies in other areas have shown among new cases of tuberculosis an incidence of up to 5% infected by such strains. Apart from the known infectors there still remain large numbers of unknown infectious cases who are so little worried by their symptoms or careless of them that they remain undiscovered, or if discovered, prefer inaction.

Modifications have been made in the use of Mass Radiography. Local factory surveys are now spaced out to once in two or three years. As is well known, Units from all over the Country, including our own, are deployed for short periods of highly-organised major surveys in the very big Northern cities with high tuberculosis incidence. In these cities the response, so far, thanks to the very intensive publicity and expensive inducements, has been excellent. This type of multi-unit drive is unlikely to be applicable to any of the towns in our area.

With the changing policy on the part of the Ministry of Health with regard to Mass Radiography, there has been the assumption that a good deal of the local work should be undertaken by static miniature camera units attached to the bigger hospitals. Unfortunately we have been quite unable to make use of such units which we have in this area as the local position with regard to radiographers is the same as the national position—their shortage means that the routine work of the hospital clinics is very seriously hampered and no developments can be envisaged.

The decreasing yield from Mass Radiography routine local surveys has rather led to discontinuing the facilities for people to have an annual chest X-ray. But the increasing and alarming incidence of lung cancer may well reverse this policy within a decade. The volunteer for Mass Radiography who is found to have a small but active tuberculous lesion may well expect these days to have successful treatment without cessation of work. But for the man in whom a small symptomless cancer is discovered much more is at stake—he will likely be within the small group to whom surgery can offer a real promise of cure. It is unfortunately true that many lung cancer cases who reach the hospital in the usual way cannot be rescued, as the symptoms of this disease are most insidious and masked by the habitual bronchial catarrh which is the portion of Britain's adults.

REPORT OF R. A. CRAIG, Esq., M.D., M.R.C.P., CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

During 1957 the number of outpatient attendances showed little change. Attendances at refill clinics for treatment have dwindled almost to nothing, but this decrease has been offset by increased attendances, both of old patients for follow-up and of new patients with non-tuberculous conditions. The remaining beds at Frenchay Hospital for the treatment of respiratory tuberculosis, which included a children's ward and a women's ward, have been closed and diverted to other purposes. Arrangements have been made to treat the small number of children still contracting respiratory tuberculosis in general children's wards. Apart from one ward at Southmead Hospital, which may be closed next year, the medical treatment of respiratory tuberculosis has been concentrated at Ham Green Hospital.

Long-term antibacterial treatment using the drugs streptomycin, P.A.S. and isoniazid has been the principal method of treatment during the year. Temporary measures to rest the lung, such as artificial pneumothorax, pneumoperitoneum, and phrenic crush, have been discontinued, and the number of patients requiring major surgical operations, such as thoracoplasty and lung resection, have diminished as a result of the success of long-term antibacterial treatment.

So far, infection of new patients at the outset of their disease with tubercle bacilli resistant to anti-tuberculous drugs has been a rarity in Bristol ; our figures are much lower than those in a recently published national survey. This danger to the efficacy of our present methods of treatment underlines the great importance of the closest possible supervision of the small number of patients who expectorate tubercle bacilli which are resistant to the effects of antibacterial drugs. The growing problem of penicillin-resistant staphylococci is a warning here. Failure of patients to take their drugs regularly when receiving treatment at home is undoubtedly one factor in the production of drug-resistant bacteria. Our policy in Bristol is to admit to hospital all infectious patients and all non-infectious patients who have more than very minimal disease so that the habit of regularly taking drugs will be inculcated. On the other hand, it is our policy

to treat very minimal lesions of doubtful activity with ambulatory antibacterial treatment without any restriction of the patient's activities, since this method provides a simple insurance against possibly unobserved activity of these small lesions in later life, and the risk in these cases of resistant bacteria emerging is slight.

B.C.G. Vaccination

Weekly sessions are held for tuberculin testing, using the Heaf gun, and B.C.G. vaccination. Vaccination is offered to all children and young adults in contact with cases of tuberculosis. One year after vaccination a chest X-ray and tuberculin test are carried out, but the practice of tuberculin testing contacts immediately after vaccination has been discontinued provided a satisfactory local response is produced.

Contact X-Ray Examination

All adult contacts are offered appointments for chest X-ray at the Mass Radiography Centre, where a static X-ray unit is installed. Where necessary, adult contacts and children with positive tuberculin tests are kept under X-ray observation.

After Care

The Voluntary Care Committees have continued their very useful work during the year, and our thanks are due to all those who have given so freely their services in this cause.

Regular meetings have been held with health visitors throughout the year to provide opportunity for discussing all new patients, patients discharged from hospital, patients with special problems, and the attendance of contacts for examination and vaccination.

MASS RADIOGRAPHY SERVICE

	Male	Female	Total
Miniature Films	21,610	15,178	36,788
Large Films			
Total Recalled	500	283	783
Did not attend	11	8	19
Normal	241	159	400
Significant	237	107	344
Being investigated	11	9	20

Analysis of Tuberculous Cases

	Under 15	15-24	25-34	35-44	45-59	60 and over	Total
Active Tuberculosis							
Male	—	2	—	8	5	3	18
Female	—	5	4	1	1	—	11
Total	—	7	4	9	6	3	29

Under Observation									
Male	...	...	I	5	7	5	II	2	3I
Female	...	...	—	2	5	I	8	—	16
Total				I	7	12	6	19	47

Inactive Tuberculosis									
Male	...	...	4	3	6	15	13	I	42
Female	...	...	5	3	11	7	7	5	38
Total				9	6	17	22	20	80

Cases previously detected (included in Tables over)				Male	Female	Total
Active	...	...	...	I	—	I
Under Observation	...	...		5	3	8
Inactive	...	...	...	11	9	20

Non-Tuberculous Conditions

	Male	Female	Total
Acquired Cardio Vascular Lesion ...	8	3	11
Acquired Abnormality of the Bony Thorax ...	2	—	2
Abnormality of the Diaphragm ...	7	2	9
Bronchiectasis ...	17	3	20
Bacterial and Virus Infections of the Lungs ...	19	7	26
Bronchial Carcinoma ...	11	I	12
Benign Tumour ...	2	I	3
Congenital Malformation of Lung	I	—	I
Congenital Cardiac Lesion ...	I	3	4
Congenital Abnormality of the Bony Thorax ...	7	I	8
Emphysema ...	4	—	4
Pulmonary Embolism ...	I	—	I
Pleural Effusion ...	4	—	4
Pleural Thickening ...	28	10	38
Pulmonary Fibrosis ...	15	6	21
Pneumoconiosis ...	17	—	17
Sarcoidosis ...	2	5	7
Total	146	42	188

2. GENERAL

(a) *Home Nursing Requisites*

The British Red Cross Society and the St John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintain 67 depots and the voluntary effort expended in administering these depots is a source of much satisfaction.

Articles which are required for long periods or permanently are supplied through the Health Department together with supplies of beds, bedding, disinfectants and paper handkerchiefs for tuberculous patients.

(b) *Rest Homes*

(i) OLD PEOPLE. The arrangements with the Gloucestershire Old People's Housing Society for the maintenance of beds at Toddington Grange for elderly persons requiring recuperative and holiday home care continues. Admissions during the year totalled 75.

(ii) GENERAL. Patients in need of rest and recuperation, numbering 99 in the year, have been sent to voluntarily administered Homes. This figure excludes mothers with young children who have been included in the Maternity and Child Welfare Section of this Report.

(c) HEALTH EDUCATION.—Programmes of health education are arranged by the Area Health Sub-Committees through the Divisional Medical Officers of Health and the Health Visitors.

Much use is made of the expanding library of film strips and the sound film outfit.

During the Three Counties Show held in June, two exhibits were organised by the Health Committee.

The major exhibit was connected with the Dental Services. Two "Gloster" mobile dental units were displayed forming the wings of the exhibit, whilst between them was placed one of the towing units (a Land Rover), onto the rear of which was built a screen upon which film strips were projected from a film strip projector operated over the seats of the vehicle, accompanied by a script (written and recorded by the Dental staff played back by a tape recorder).

The rear portion of the exhibit between the two mobile units was a display stand showing models of dentures and jaw and teeth formations, made in the County Dental Laboratory, right and wrong foodstuffs and graphs and posters. Members of the Dental Staff were continuously in attendance.

The second exhibit was of the School Health Service as part of a large exhibition by the Education Committee on the History of Education.

(XIV) HOME HELP SERVICE

The appointment of the extra Organisers in the previous year greatly improved the speed with which enquiries were made and enabled closer supervision of the help provided. This became increasingly necessary throughout the year to keep the Service within the finances available. Where necessary it was possible to reduce or withdraw help promptly when circumstances changed and the Organisers were able to keep in closer touch with all current cases.

As a result, the number of full-time guaranteed workers was more than halved but the number of part-time helps increased. This has meant little variation in the number of home help hours available.

By increasing the number of part-time workers it has been possible to give more help in the early part of the day when it is needed particularly by the chronic sick patients.

There was a small reduction in the turnover of cases helped during the year although the total number of hours of help given varied very little. This was due to an increase in the number of long term cases.

At the end of the year the current case load of chronic sick had increased by 160, receiving regular weekly help varying from 9-18 hours per week. The number of tuberculous families helped has decreased considerably but every request for help from these families has been met. There was also a reduction in the number of general sickness and maternity cases. This was mainly due to the cost of the Service. Many families did not pursue their applications for help after they had been notified of the cost. A record was kept of the number of cases investigated to whom no help was given. The total number was 789 and a study of the reasons shows approximately that 60% gave the cost of the Service as excessive and 20% needed financial or other help and were referred to the National Assistance Board or the appropriate statutory or voluntary body. The remainder were made up of cases where the patient died, was admitted to hospital or relatives encouraged to give the assistance needed. In only about 1% of these abortive requests was help not given because there was no suitable person available in the locality or on a convenient 'bus route.

The resident Service still proved invaluable and of the 101 families assisted, 13 were chronic sick cases. Help in these cases was temporary and gave time during which other arrangements for more permanent care could be made. Arrangements were made and then cancelled for resident helps to be provided in 14 confinement cases as the mother was either removed to hospital or relatives arrived to do the domestic work.

Night Sitter Service

This Service has developed very little during the year and apart from two cases in a rural area, the homes where night sitters have been provided have all been in Cheltenham and Stroud. It has been possible to provide a night sitter in every case where requested and so far the supply of persons available to do the work has exceeded the demand and there has, therefore, been difficulty in retaining the helpers.

Towards the end of the year it became increasingly apparent that some revision of the Council's scale of charges was necessary. The increased cost of the Service on the one hand showed the need for increasing the maximum rate per hour, but the large number of cancellations because of cost and the curtailment of hours in necessitous cases showed that the whole structure of the present scale needed review. It was anticipated also that the revision in the scale of Pensions due early in 1958 would affect the Council's existing scale of allowances and by the end of 1957 a revised scale of charges was prepared which was implemented at the beginning of 1958.

The 'Bus Strike and later the influenza epidemic threatened to disrupt the Service, as many helpers use public transport, but the determination of the staff to get to work overcame many of the difficulties.

Plans were made in the latter part of the year for demonstrations and lectures for home helps at different centres in the County which will continue in 1958. The Electricity Boards arranged special cookery demonstrations and lectures on economy of use and care of domestic electrical appliances. All the full-time and regular part-time workers were able to attend one of the lectures.

Staff

Organisers	1 County Home Help Organiser
	11 Assistant Organisers
	1 Relief Organiser
Home Helps	41 Full-time (including eight residents)
	983 Part-time

Total number of hours of help for the year 649,006.

Families Assisted

	Chronic	General Sickness	Maternity	Tuberculosis	Total
Cases Current 1.1.57	1,187	142	24	48	1,401
New cases occurring during 1957 ...	723	798	573	29	2,123
New Resident Cases	13	27	61	—	101
Cases current 31.12.57	1,347	127	30	45	1,546

Total number of families assisted during the year : 3,625

Night Sitters-in Service : 35.

Families where circumstances investigated but no home help provided : 789 (including 14 Resident Cases).

(XV) MENTAL HEALTH**1. ADMINISTRATION***Committees*

The Mental Health Sub-Committee dealt with all cases referred for action under the Mental Deficiency Acts and matters of principle affecting community mental health. The day-to-day running of the occupation centres was the responsibility of the Area Health Sub-Committees.

Staff

The trainee Mental Health Officer was duly authorised under the Lunacy, Mental Treatment and Mental Deficiency Acts during the course of the year and took his place on the rota of officers on duty outside normal office hours.

The staff at Occupation Centres has increased by the appointment of an attendant at Newnham. Five members of the staff continued the in-service Diploma Course for Teachers of the Mentally Handicapped.

2. WORK UNDERTAKEN IN THE COMMUNITY*(a) Lunacy and Mental Treatment Acts*

There was once more a rise in the number of voluntary patients admitted to mental hospitals and the number of certified patients was the lowest recorded.

The following table includes the final disposal of patients admitted during 1957 under Sections 20 and 21 (1).

Class of Patient	1949	1950	1951	1952	1953	1954	1955	1956	1957
Certified ...	170	139	137	131	112	123	94	68	49
Voluntary ...	361	364	383	359	427	522	571	680	815
Temporary ...	21	16	22	24	23	21	16	15	3
Totals ...	552	519	542	514	562	666	681	763	867

The Mental Health Officers arranged admission in the following cases :—

Voluntary	...	...	...	67
Certified	...	...	...	21
Section 20	...	...	...	152
Section 21 (1)	...	...	...	115
Total				355

The Section 20 and Section 21(1) patients were dealt with as follows (after extension under Section 21 (a) in the majority of cases) :—

Disposal				Section 20	Section 21	Total
Became voluntary patients	...	...	...	113	95	208
Became certified patients	...	...	...	18	—	18
Became temporary patients	...	...	...	—	1	1
Discharged	...	...	...	19	14	33
Died	...	...	...	2	5	7
Total				152	115	267

802 patients were discharged from mental hospitals, and 90 patients died.

In order to keep the admission of aged persons to the Gloucester Mental Hospitals to a minimum, the Physician Superintendent, or a member of his medical staff, saw the majority at Out Patient Clinics or at their own homes before admission. Twenty-eight per cent of all admissions were of persons of over sixty years of age, which indicates the magnitude of the problem.

Age Group		Voluntary		Certified		Temporary		Section 20		Section 21		Total
		M	F	M	F	M	F	M	F	M	F	
10—20	...	8	18	1	—	—	—	6	4	2	—	39
21—30	...	30	45	3	2	—	—	5	7	10	8	110
31—40	...	56	67	8	2	—	—	7	19	6	11	176
41—50	...	41	87	1	2	1	—	10	14	7	11	174
51—60	...	44	60	1	4	—	—	12	16	8	8	153
61—70	...	37	66	—	2	—	1	13	7	5	16	147
71—80	...	10	34	—	3	—	—	8	12	7	12	86
81—90	...	1	3	—	2	—	—	5	7	1	3	22
Totals	...	227	380	14	17	1	1	66	86	46	69	907

After Care

Sixty-seven patients discharged from the Horton Road and Coney Hill Hospitals, Gloucester, and five patients from other sources, were referred for after care.

Each month the Officers visited patients who had been admitted to the Gloucester Mental Hospitals during the same month in the previous year, and later discharged. 329 follow-up such visits were made and reports submitted to the monthly conference held at the Coney Hill Hospital, which the Officers regularly attended.

(b) *Mental Deficiency Acts*

(i) ADMISSIONS TO HOSPITALS AND GUARDIANSHIP ORDERS

Patients were admitted to the following hospitals :—

	On Petition	Placed by Parent	Court Orders	Varying Orders	Total
Stoke Park Hospital ...	3	7	—	1	11
Hortham/Brentry Hospitals	2	6	1	—	9
Pewsey Hospital ...	1	5	—	—	6
Totals ...	6	18	1	1	26

Short term care in mental deficiency hospitals was arranged for forty-four patients. Attendance at Occupation Centres combined with short stay admissions during holiday periods helped to avoid permanent admission in several cases.

Twenty-nine patients were awaiting admission to hospital care at the end of the year. Of these twelve were urgent. The largest group was of the ambulant low grade patients.

(ii) ASCERTAINMENT

116 new cases were reported, including 35 under Section 57(3) of the Education Act, 1944, 1 under Section 57(4) and 50 under Section 57(5). They were dealt with as follows :—

						Under 16		Over 16		Total	
						M.	F.	M.	F.		
(a)	Ascertained to be defectives subject to be dealt with :										
	(i)	placed under statutory supervision			...	37	28	1	2	68	
	(ii)	admitted to hospitals			...	—	1	1	2	4	
	(iii)	awaiting decision			...	16	8	4	1	29	
(b)	Ascertained to be defectives not subject to be dealt with, and placed under voluntary supervision					...	1	—	5	2	8
(c)	Found not to be defective			...	...	—	1	4	2	7	
Totals						...	54	38	15	9	116

At the end of the year, the 1,374 cases on the register were classified as follows :—

					Under 16		Over 16		Total
					M.	F.	M.	F.	
(i) under statutory supervision	...	...	...	...	167	108	245	215	735
(ii) under guardianship	...	...	...	...	1	—	4	5	10
(iii) in hospitals	...	...	...	...	59	38	208	193	498
(iv) under voluntary supervision	...	...	...	...	2	1	65	63	131
Totals					229	147	522	476	1,374

(iii) SUPERVISION

Despite the fact that 65 patients who had made good progress were removed from the register, eight more defectives remained under statutory or voluntary supervision at the end of the year than at the end of 1956.

(iv) LICENCE

Four patients were supervised on behalf of mental deficiency hospitals.

(v) GUARDIANSHIP

The number of patients under Guardianship Orders was reduced during the year from 15 to 10. Maintenance allowances were granted in four cases. Thirteen supervisory visits were made to Guardianship cases on behalf of other local health authorities.

(vi) OCCUPATION CENTRES

At the end of the year the numbers on the registers at the four Occupation Centres were :—

Cheltenham	...	...	104*
Newnham	...	...	46†
Stonehouse	...	...	51
Warmley	...	...	70
Total			271

* Including 21 from Gloucester County Borough and 1 from Worcestershire.

† Including 3 from Monmouthshire.

The only Centre with a waiting list for admission was Cheltenham where ten patients, mostly of the nursery group age, were awaiting vacancies.

Outwork from local factories was undertaken at two Centres. At Warmley the cutting of strips of material for boot loops continued and a large number of dummy display blocks were assembled. At Newnham the seniors were engaged on putting safety pins, hair grips and curlers on cards ready for retail. Thirty-seven trainees over the age of sixteen years were receiving weekly pocket money as a reward for work performed.

Stonehouse is the only Centre in rented accommodation. This is a severe handicap and causes limitations in storage space, provision of equipment and the scope of activities.

There is no age limit imposed on admission and the following table shows the ages of County trainees on the registers at the end of the year.

Age in years	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21 to 30	31 to 40	Over 40	Total
Male ...	1	6	7	10	9	7	14	15	3	12	8	10	5	8	4	2	4	9	2	3	139
Female ...	2	4	7	1	4	7	8	4	6	11	6	5	5	7	3	4	2	16	3	2	107
Total ...	3	10	14	11	13	14	22	19	9	23	14	15	10	15	7	6	6	25	5	5	246

During the year seven children left Centres to start work and two returned to the education system, having been referred under Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

(viii) HOME TEACHER

The Home Teacher held groups of six children at Campden three days weekly, and four children at Fairford two days weekly. On alternate Saturday mornings, she gave handicraft training to a group of girls at St Mary's Home, Painswick, which is part of the Hortham Hospital Group.

3. CO-OPERATION WITH HOSPITALS

(a) *Mental Deficiency Hospitals*

Close contact was maintained with the mental deficiency hospitals in the area, and a monthly Case Conference was held at Hortham Hospital.

262 enquiries were made on behalf of Hospital Management Committees during the year, as follows :—

Holiday leave enquiries	63
Home circumstance reports for statutory revision of Orders	156
Licence reports	33
Survey of discharged patients	10
Total	262

(b) *Mental Hospitals*

The Horton Road and Coney Hill Hospitals, Gloucester, received the majority of County patients and the Mental Health Officers discussed the most appropriate disposal of individual cases with the Physician Superintendent before admission was arranged. Certification was avoided wherever possible

Although a number of patients resident within the area of the Oxford Regional Hospital Board were admitted to the Gloucester Hospitals, the Committee's request that all such patients who lived near to

Gloucester should be admitted to those Hospitals was not wholly met. During the year, 30 patients who lived appreciably nearer to Gloucester had to be taken to Littlemore Hospital, Oxford.

3. National Assistance Act, 1948

CARE OF HANDICAPPED PERSONS

(a) Blind

Ascertainment

There was an increase of 41 in the number of blind persons on the Register. At the end of the year there were 980 : 131 were registered during the year showing a decrease of 14 on the previous year exclusive of transfers from other counties.

AGE AT ONSET OF BLINDNESS OF NEW CASES, 1957

0	1	2	3	4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90+	Total
-	1	-	-	1	—	—	—	2	—	3	8	10	12	47	28	13	6	131

RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations					Causes			
					Cataract	Glaucoma	Ret. Fib.	Others
(i)	BLIND							
	(a)	No treatment	...	...	28	6	—	42
	(b)	Treatment (medical, surgical or optical)	...	...	31	12	—	17
	Number of cases which on follow up action							
		have received treatment	...	...	18	7	—	11
(ii)	PARTIALLY SIGHTED							
	(a)	No treatment	...	...	2	1	—	4
	(b)	Treatment (medical, surgical or optical)	...	...	3	3	—	4
	Number of cases which on follow up have							
		received treatment	...	...	3	2	—	4

Based on the figures at 31st December, 1957, a table giving details of education and employment is set out below.

Under 2 years	At home	...	...	...	2
2 - 4+	At home	...	...	...	3
2 - 4	at home ineducable	...	...	...	1
5—15	Attending Special Schools	...	...	...	6
		...	...	...	2
	Educable at home	...	...	...	2
		...	...	...	5
16 & over	Hethersett	...	...	...	1

Undergoing training for Sheltered employment ...	I
Undergoing training for Professional employment ...	I
Unemployed but trained Open Industry	2
Unemployed but capable subject to being trained for Open Industry	I
Unemployed but capable without training for Open Industry	6
In Workshops for the Blind	8
Approved Home Workers	21
<i>Gainfully Employed</i>	
Basket maker, St Dunstons	I
Clerks and Typists	2
Dealers and Agents	2
Domestic Workers	7
Factory Operatives	33
Gardeners	3
Labourers	4
Massage and Physiotherapy, St Dunstons ...	2
Matmakers, St Dunstons	2
Ministers of Religion	2
Music Teacher	I
News vendor	I
Office executive St Dunstons	I
Poultry-keeper	2
School teacher	I
Telephonist	5
Sundry	9
Not available for employment—16 - 59	68
„ „ „ „ 60 - 64	42
Not capable of work—16 - 59	59
„ „ „ „ 60 - 64	16
Over 65	655
	—
	980
	—

The placement of blind people in open industry is still difficult. Four men and one woman have received Industrial Rehabilitation at America Lodge, Torquay. One man and one woman have been found employment by the Placement Officer of the Royal National Institute for the Blind.

Home Teaching Service

Social Clubs are held at Almondsbury, Cheltenham, Cinderford, Cirencester, Kingswood, Tewkesbury and Wotton-under-Edge with weekly Handicraft Classes at Cirencester and Stonehouse.

Home Teachers paid 7,626 visits to the blind in their own homes. Owing to changes of staff the number of lessons dropped to 607, these consist of reading embossed literature (Braille and Moon) Deaf/Blind Manual and Handicrafts.

Homes

The new wing at “Ellerslie” Cheltenham was opened by Alderman Miss M. J. Kerr, J.P., Vice-Chairman of the Council. This additional accommodation provides seven single bed-sitting rooms and

five double-rooms and sitting room on two floors. These rooms have been kept filled as there is a constant demand for residential accommodation.

Ferney Hill for Infirm Blind, Dursley. This home has also been fully occupied throughout the year. There is a waiting list at this home particularly for ground floor rooms. The County Association for the Blind have agreed to pay for building a ground floor wing and so release the first floor to give better accommodation for the staff.

Voluntary visitors continue to give help at both the Homes and this valuable assistance is greatly appreciated by the staff. Entertainments are arranged, letters written and shopping done regularly for the residents.

Partially Sighted

During the year, 15 names were added to the Register, making a total of 120 on the Register. Six were removed to the Blind Register. There were no decertifications due to improved visual acuity.

TOTAL NUMBER ON REGISTER—AGE GROUPS, 31ST DECEMBER, 1957

0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
—	1	16	15	23	11	54	120

The following table shows how the Register is compiled :—

Aged	2 - 4	At home ...	...	...	1
	5 - 15 +	At Special Schools	...	...	7
	5 - 15	At Ordinary Schools	...	...	8
Over	15	Training ...	...	...	2
		Unemployed	...	...	1
		Employed	...	...	27
		Not Available	...	...	74
					120

NEWLY REGISTERED, 1957

0-1	2-4	5-15	16-20	21-49	50-64	65+	Total
—	1	1	2	3	1	7	15

(b) Deaf (other than Deaf and Dumb)

1,234 home visits were made, the age groups were as follows :—

Under 2	...	...	...	...	...	...	86
2 - 16	...	...	...	...	...	...	459
16 - 65	...	...	...	...	...	...	201
Over 65	...	...	...	...	...	...	488

Five children, whose mothers had suffered from German Measles during pregnancy, were examined with a pure tone audiometer ; only one was found to have a slight hearing loss and that a conductive one.

Hearing tests were carried out on all children with cerebral palsy attending special schools in the County. Thirty-three children were tested, twenty-nine of whom had hearing within normal limits—it was impossible to test the remaining four accurately owing to the severity of their disease.

The appointment of a peripatetic teacher of the deaf in September relieved the welfare officer of visits to schools for the last four months of the year.

The Ministry of Labour has continued to give valuable help in the placing of deaf persons, especially of school leavers. The latter are proving more difficult to settle happily. Their language attainment often falls short of their manual ability, and in these days of technical qualifications where attendance at a technical college is an essential part of training, only very few can be accepted for apprenticeship. The majority of leavers from residential deaf schools have unintelligible speech and their lipreading is restricted by their very limited understanding. Their written language and understanding seems to be little better. Social facilities for these non-oral deaf adults leave much to be desired. Only those living within easy reach of Gloucester and Bristol can regularly participate in Deaf Institutes recreational services and the rest, by and large, unable to join in local normal social life, are apt to withdraw even more into themselves, mixing with their immediate families only. The severely deafened or partially deaf are little better off. However, it is hoped to have recreational facilities for the Hard of Hearing in the South of the County shortly, and a mixed club (for deaf and hard of hearing) in the Stroud area is due to be started next Spring.

The elderly hard of hearing suffer in this respect too—although welcomed at Darby and Joan Clubs and Old Age Pensioner Clubs. The W.V.S. have been helpful in providing transport wherever possible.

Nine domiciliary visits to housebound deaf and hard of hearing people have been made by otologists accompanied by the Welfare Officer for the Deaf. All except one were fitted with hearing aids.

Two cases have been referred by the Mental Health Officers during the year and one has been fitted with an aid.

Eleven cases have been referred who are blind or physically handicapped. They are visited by the Welfare Officer to give auditory training and guidance to members of the family.

The Welfare Officer attends the Hearing Assessment Clinic and training sessions to ensure continuity of advice to parents and relatives. Several young adults who were born deaf, or deafened at an early age, have been seen at the Hearing Assessment Clinic because their speech and/or understanding have been severely impaired.

Otologists in hospitals outside the Region have also requested the help of the Welfare Officer in dealing with deaf patients residing in the County.

Patients were seen at Cirencester Memorial Hospital, where the Welfare Officer holds a monthly advisory clinic at the request of the visiting otologist.

Analysis of Cases

Referred by—N.A.B.	...	...	...	...	7
General Practitioners	...	...	...	...	7
Otologists	...	...	...	...	7
Health Visitors	...	...	...	...	12
Hospitals	...	...	...	...	14
Welfare Officers—					
Blind	...	...	...	...	8
Mental Health	...	...	...	...	2
Child Health	...	...	...	...	27
Physically Handicapped	...	...	...	...	3
County Welfare Department	...	...	...	...	15
Hospital Almoners	...	...	...	...	4
Voluntary Societies	...	...	...	...	9

Other cases were referred by relatives, neighbours, employers, etc.

(c) *Physically Handicapped*

The number of names on the register continues to increase, 279 new cases having been added during 1957 bringing the total number of registrations to 2,100 and of these 1,579 are receiving help of one form or another.

		M.	F.
Children under 16	...	159	127
Persons aged 16 - 64	...	557	539
Persons aged over 65	...	76	121 plus Pulmonary T.B. cases 47
Poliomyelitis and Rheumatism are still the main causes of disability.			
Rheumatoid Arthritis and Osteoarthritis	...		228
Poliomyelitis	...	...	206
Congenital deformities	...	...	171
Amputations	...	...	118
Cerebral Palsy (Spastics)	...	...	112
Surgical T.B.	...	...	109
Injuries due to accidents	...	...	108
Thrombosis causing hemiplegia	...	...	100
Disseminated Sclerosis	...	...	67
Heart Disease	...	...	50
Epileptics	...	...	45
Muscular diseases	...	...	37
Bronchiectasis and Asthma	...	...	27
Osteomyelitis	...	...	26
Parkinson's Disease	...	...	14
Other Diseases	...	...	161
Pulmonary T.B.	...	...	47

Three additional Occupational Therapists were appointed during the year so that the county is now covered by a Domiciliary Occupational Therapy service.

It is now possible to make regular visits to patients receiving occupational therapy and to give help not only in general craft work but also with aids in daily living, the provision of gadgets and adaptations in the home, particularly in the kitchen and bathroom.

227 patients are now having occupational therapy. In addition 47 patients with Pulmonary T.B. have been visited and helped by the Occupational Therapists. Those who are permanently disabled are taught to make saleable goods. The standard of work has improved and several of the disabled are now finding their own markets. Marketing is still of great importance however and efforts have been made during the year to obtain help from shopkeepers in different parts of the county who are willing to display and sell goods. Committee members have given most valuable help by assisting with selling of products at sales and shows.

The social side of the work has been most ably carried out by the Area Committees who have organised outings, parties and Church Services for the handicapped. Visiting continues to be carried out regularly by these Committee members who provide for special needs from their voluntary funds, where the resources of the Welfare Services are not sufficient to give adequate help.

SECTION C

DISEASES

I. Infectious Diseases

The notifications of infectious diseases received during the year are set out in Table II at the end of this report.

(a) *Diphtheria*

No cases were notified. This is the fourth year in succession without a case of Diphtheria.

(b) *Scarlet Fever*

The total number of notifications of scarlet fever was 249 as compared with 400 in 1956 and an average of 483 over the previous 10 years. The cases were distributed between urban and rural districts as follows:—Urban 109, Rural 140. The districts most affected were Cheltenham Municipal Borough (35), Mangotsfield (28), North Cotswold (25), Sodbury (25), Gloucester (20), Kingswood (19).

(c) *Measles*

There were 6,939 cases notified as compared with 1,912 in 1956. There was one death.

(d) *Whooping Cough*

The number of cases notified was 1,199 as compared with 678 in 1956. There were two deaths as compared with one in 1956.

(e) *Pneumonia*

There were 245 cases of pneumonia as compared with 208 in 1956. Of these 78 occurred in urban districts and 167 in rural districts. 196 deaths were recorded as compared with 264 in 1956.

(f) *Influenza*

This disease is not notifiable but there was an extensive epidemic in September/October as part of the World-wide pandemic of Asian Influenza. The onset was mainly amongst school children and affected most ages except the very old. It was a mild disease. From departmental records it affected more school children than any previous influenza epidemic, including those of 1918/19 and 1951. It was a mild infection and this statement is borne out by the number of influenza and pneumonia deaths in 1957 which were no higher than in non-epidemic years. There were 73 deaths from influenza (63 in 1956).

(g) *Gastro-Intestinal Diseases*

One case of paratyphoid fever was reported. Seventy cases of dysentery were reported as compared with 75 in 1956, three in urban districts and sixty-seven in rural districts.

(h) *Diseases of Central Nervous System*

The number of cases of anterior poliomyelitis notified was : paralytic 46, and non-paralytic 12. There were no deaths.

The cases occurred in 19 Sanitary Districts, the highest number were in Cheltenham Municipal Borough with six paralytic and three non-paralytic. Thornbury Rural had eight paralytic and Cheltenham Rural four paralytic and three non-paralytic.

(i) *Puerperal Pyrexia*

The notifications increased from 124 in 1956 to 162 in 1957.

2. Venereal Diseases

The following table shows the number of County cases coming under treatment during 1957 at the various treatment centres.

		Syphilis	Gonorrhoea	Other Conditions	Total
Bristol, Maudlin Street Clinic ...	...	3	4	65	72
Bristol, Southmead Hospital ...	...	1	—	8	9
Cheltenham General Hospital ...	...	8	15	77	100
Gloucester, Glos. Royal Hospital ...	...	9	30	112	151
Oxford, Radcliffe Infirmary ...	...	—	1	1	2
		—	—	—	—
Total	...	21	50	263	334
		—	—	—	—

The figures for the past five years are :

						Syphilis	Gonorrhoea	Other Conditions	Total
1953	...	...	...	...	...	39	76	228	343
1954	...	...	...	...	...	26	43	199	268
1955	...	...	...	...	...	23	45	241	309
1956	...	...	...	...	...	21	44	247	312
1957	...	...	...	...	...	21	50	263	334

3. Malignant Diseases

(a) Cancer bureaux

I am obliged to Major R. Leyland, the Records Officer of the Regional Cancer Records Bureau, for the following statistics and comment.

CASES REGISTERED WITH THE CANCER BUREAU IN 1957

Lip	...	...	...	...	...	6
Tongue	...	...	...	...	...	4
Parotid	...	...	...	...	...	14
Mouth and Tonsil	...	...	...	...	...	10
Pharynx and Larynx	...	...	...	...	...	12
Oesophagus	...	...	...	...	...	13
Stomach	...	...	...	...	...	76
Colon	...	...	...	...	...	80
Rectum	...	...	...	...	...	50
Liver and Gall Bladder	...	...	...	...	...	10
Pancreas	...	...	...	...	...	23
Nasal Sinuses	...	...	...	...	...	4
Lung and Bronchus	...	...	...	...	...	105
Breast	...	...	...	...	...	127
Cervix	...	...	...	...	...	32
Body of Uterus	...	...	...	...	...	26
Ovary and Female Genital	...	...	...	...	...	37
Prostate	...	...	...	...	...	42
Penis and Male Genital	...	...	...	...	...	12

Kidney	...	...	...	...	...	...	8
Bladder	...	...	...	...	...	...	29
Eye	...	...	...	...	...	...	3
Brain and C.N.S.	...	...	...	...	...	...	20
Haematopoietic Tissues	...	...	...	...	...	...	37
Others (including Rodent Ulcer)	...	...	...	...	...	...	75
				Total	...	...	855

The total is higher than usual which probably means that fewer cases are not being brought to notice. The registration and follow-up now conducted by the Regional Hospital Board helps in the assessment of results of treatment and in indicating how soon discovery follows onset of symptoms helps to evaluate health teaching in general and Cancer Education in particular. An early visit to the doctor with an unexplained symptom particularly in middle age often means early diagnosis and early treatment, with subsequent saving of life. This applies especially to cancer of the lip and skin, breast and womb.

(b) *Survival table as at 31st December, 1957, of cases registered in 1952*

Malignant Growths of :									Total Cases	Alive
Stomach	...	...	...	...	...	...	...	...	36	—
Colon	...	...	...	...	...	...	...	...	30	8
Rectum	...	...	...	...	...	...	...	...	40	13
Eye	...	...	...	...	...	...	...	...	3	1
Breast	...	...	...	...	...	...	...	...	96	41
Lip and Mouth	...	...	...	...	...	...	...	...	11	—
Tongue	...	...	...	...	...	...	...	...	7	1
Other Buccal Cavity (not Pharynx)	...	...	...	...	...	...	...	...	15	—
Thyroid	...	...	...	...	...	...	...	...	5	1
Bladder	...	...	...	...	...	...	...	...	28	11
Liver and Gall Bladder	...	...	...	...	...	...	...	...	14	—
Prostate and Male Genital...	...	...	...	...	...	...	...	...	32	8
Skin (including Rodent Ulcer)	...	...	...	...	...	...	...	...	67	57
Pancreas	...	...	...	...	...	...	...	...	12	—
Bone	...	...	...	...	...	...	...	...	4	—
Kidney	...	...	...	...	...	...	...	...	7	2
Lung	...	...	...	...	...	...	...	...	43	3
Parotid	...	...	...	...	...	...	...	...	6	1
Larynx and Pharynx	...	...	...	...	...	...	...	...	6	1
Oesophagus	...	...	...	...	...	...	...	...	8	—
Cervix	...	...	...	...	...	...	...	...	30	8
Melanoma	...	...	...	...	...	...	...	...	4	2
Uterus	...	...	...	...	...	...	...	...	23	14
Vulva and Vagina	...	...	...	...	...	...	...	...	8	3
Ovary	...	...	...	...	...	...	...	...	20	4
Brain	...	...	...	...	...	...	...	...	9	1
Reticulo Endotheleal Diseases	...	...	...	...	...	...	...	...	30	3
Other Malignant Diseases	...	...	...	...	...	...	...	...	19	3
									—	—
									613	186
									—	—

(c) Smoking and Lung Cancer

During the year the Government asked Local Health Authorities to bring to the public notice that a major part of the very great increase in deaths from lung cancer is caused by smoking tobacco particularly heavy cigarette smoking. The Area Health Committees and the Education Committee have considered how this could be done. All our usual methods of Health Education by lectures, leaflets and posters are being used. Lectures on this subject alone do not draw an audience even from an existing body so that it is given as part of general talks. The special posters, etc. supplied by the Central Council of Health Education are being used and with the intention of bringing the danger to the notice of school leavers a leaflet covering many points of advice on the care of the health has been produced by the department which is available for head teachers to give to leavers. The comments of head teachers have been sought on the leaflet which was very favourably received by them and these constructive suggestions will be incorporated in further issues. There is a general comment that in the face of national advertising by cigarette manufacturers little advance will be made. The wide publicity of items on smoking and cancer by Radio and Television have been commended at all the Committees and Meetings where this subject has been discussed.

SECTION D**SANITARY CIRCUMSTANCES OF THE COUNTY****Water Supplies, Sewerage and Housing Services**

The following are extracts from the reports of the District Medical Officers for the year, 1957 :—
CHELTENHAM BOROUGH

Water

The following lengths of main have been laid :—

Some 7,500 yards of water mains were laid during the year, the diameter of the mains varying from 3 in. to 9 in.

Sewerage

At the Hayden Sewage Works, stage 1 extensions are complete and working. Stage 2 outline design has been completed and the result of a Ministry enquiry into this matter is awaited.

In regard to sewerage works, the following have been completed :—

Sewers re-laid at Gloucester Place, Leamington Place (rear of Suffolk Parade). Golden Valley Sewer laid Gloucester Road (Borough boundary to Arle Court) and sewer and pumping station at the Runnings.

Arle outfall sewer design has been completed and now awaiting the outcome of a Ministry enquiry.

Housing

During 1957, 54 houses and 38 flats were constructed.

TEWKESBURY BOROUGH*Water*

No new connections to public mains were made during the year.

Sewerage

During the year the sewage works functioned well and the filters having matured, are producing a good effluent.

Housing

The number of new houses erected during the year was 15, 12 council and 3 private houses. 54 council houses were under construction at the end of the year.

NEWENT RURAL DISTRICT

Water

$2\frac{3}{4}$ miles of extension to mains were made during the year and further extensions to mains have been authorised.

During the year a further 28 houses were provided with main water supplies.

Sewerage

The works at Cleeve Lane are totally inadequate and insufficient and schemes for new works are under consideration as well as a more satisfactory site.

Dymock—the modern works are satisfactory and at present they serve 30 - 40 houses and are capable of serving the whole village.

Corse and Staunton—these new works are serving 12 council houses and a number of private houses have been connected.

Redmarley—the works serve 16 council houses and two private houses. A village ditch is the only method of sewage disposal for a number of houses and is cleaned by the County Council which is not a satisfactory arrangement.

Hartpury—these modern works serving a private enterprise development have been taken over by the Council.

Housing

Twenty-eight houses were erected during the year all by private enterprise.

GLOUCESTER RURAL DISTRICT

Water

During the year $5\frac{1}{4}$ miles of new mains were laid and a further $3\frac{3}{4}$ miles of new mains have been authorised.

Sewerage

The Frampton-on-Severn/Fretherne-with-Saul scheme was started during the year and is now nearing completion.

The Eastington scheme is in full operation and except for certain minor troubles the installation is working very satisfactorily.

Housing

628 houses were erected during the year of which 604 were under private enterprise.

28 council houses were under construction at the end of the year.

115 houses are proposed for Frampton-on-Severn Estate and Ministry approval is awaited to start stage one (67 houses).

Housing at Churchdown (Innsworth Grove) is under consideration which will provide for 246 houses. This is a re-development scheme to replace the unfit M.A.P. bungalows located in Coventry Close, St John's Close and Innsworth Grove.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

1. Milk Supply

There has been no change in the number of pasteurising plants licensed throughout 1957. One of the smaller dairies changed ownership.

During the year one dairy changed from batch processing of milk to the continuous High Temperature Short Time method. As a result there has been a marked improvement in working conditions and hygienic standards have been more easily maintained.

The number of Samples of pasteurised milk submitted for examination from the licensed plants was 1675. Of these three failed the Methylene Blue Reductase test for keeping quality and eleven failed the Phosphatase test. The cause of each failure was ascertained and the defective mechanism rectified.

Samples of raw Tuberculin Tested milk sold within the County have been taken. Similarly Pasteurised milk and Sterilised milk have been sampled from retailers, special attention being paid to milk brought into the County from adjacent districts. In this way 30 samples of sterilised milk. 102 samples of Pasteurised milk and 77 samples of Raw Tuberculin Tested milk were submitted for examination ; eleven of the Raw Tuberculin Tested milk samples were unsatisfactorily, all the Pasteurised and Sterilised milk samples satisfied the statutory test.

(a) *School Milk Supplies*

School milks have been systematically sampled throughout the year. Altogether 45 samples of Raw Tuberculin Tested milk were taken. No less than 13 (29%) of these failed the prescribed keeping quality test. In contrast, of the 783 Pasteurised milk samples taken only two failures were reported.

In view of the poorer keeping quality of the raw milk supplied, whenever opportunity has occurred, recommendations have been made that the raw Tuberculin Tested milk supplies be withdrawn, in favour of a Pasteurised Supply. As a result the number of schools receiving a milk which is not heat treated at the end of the Michaelmas term has been reduced to twelve.

(b) *Milk Supplies to County Council establishments*

Supervision and sampling of milk supplied to Nurseries, School Canteen Kitchens and other County Council properties has been maintained. Of the ten raw milk samples submitted for examination two failed the Methylene Blue Reductase test. The number of Pasteurised milk samples submitted was 46, there were no failures.

(c) *Biological Examination of Milk*

All raw milk samples have been submitted for biological examination at the Public Health Laboratories. As a result of this measure one milk supply was found to contain Tuberculous organisms and six other raw milk samples were infected with the *Brucella Abortus* organisms.

Details of the infected milk samples were notified to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food who dealt with the infected cattle on the farms in question.

The six milk samples affected with the *Brucella Abortus* organisms were from three different dairies.

(d) *Specified Areas*

From the 1st April, 1957, the Rural District of Tetbury became affected by the Specified Area Order No. 391 of 1957 which meant that only designated milk could be sold in the area. More than 60% of the area of the Administrative County is now included in Specified Areas and more than 80% of the population is thus protected by the provision of a designated milk supply.

In July a complaint was received that a non-designated milk was being supplied to householders in an area in the West of the County. The offending dairyman was warned of the breach of Section 37 of the Food and Drugs Act, 1955.

(e) *Hospital Dairy Farm*

The sampling of Tuberculin Tested milk produced at Coney Hill Hospital farm, Barnwood, has been continued on behalf of the Ministry of Health. Twelve samples submitted for bacteriological and biological examination gave satisfactory results.

2. Water Sampling

Drinking water from Schools and the Council's other establishments have been systematically sampled. Reports on such samples have been satisfactory.

3. Food Hygiene

The inspection of School Canteen kitchens, serving rooms and Central Cooking depots, Nurseries and Old People's Home have been carried out and where appropriate recommendations have been made to improve the standard of these premises to conform with the requirements of the Food Hygiene Regulations.

4. Diseases of Animals (Waste Foods) Order, 1957

The above order transferred responsibility for the licensing and supervision of premises and plants for boiling of waste foods for animal feeding from the Ministry of Agriculture, Fisheries and Food to the County Council.

Eighteen licences had been issued by the Ministry. As these licences expired on 31st May, 1957, all the plants were inspected by the County Sanitary Officers before new licences were issued. The standard of several of the premises and equipment left much to be desired, and improvements were asked for at the time of inspection.

Nine new applications for licences were received. The licences have been issued. It is considered that a very high proportion of pig and poultry keepers are operating plants without licences in spite of the fact that the requirements of the above order was advertised in the press.

5. REPORT ON WORK UNDERTAKEN BY ANIMAL HEALTH, DIVISION 28, DURING 1957

supplied by Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries

(a) *Diseases of Animals Acts and Orders*

Notifiable diseases were dealt with as follows :—

			Negative Reports Investigated	No. of Confirmed Cases
Anthrax	...	...	174	—
Atrophic Rhinitis	...	...	1	1
Foot and Mouth	...	...	7	4
Fowl Pest	...	...	10	—
Parasitic Mange	...	...	—	—
Sheep Scab	...	...	—	—
Swine Fever	...	...	110	8
Tuberculosis	...	...	2	9

With regard to Foot and Mouth Disease, one outbreak which occurred in January, 1957, was believed to have been introduced by the feeding of infected skimmed milk to pigs. The three other outbreaks which occurred in the south of the County resulted from local spread of the disease from an infected farm in Somerset situated near the Gloucestershire border. Infection in this series is believed to have resulted from animals having access to imported infected meat and bones.

Atrophic Rhinitis

This is the first outbreak of the disease which has occurred in this County.

(b) *The Milk and Dairies Regulations*

There are approximately 3,828 dairy herds in this Division, and on 31st December, 1957 details of these herds were as follows :—

(1) Number of Attested Herds	...	...	2,513
(3) Number of Supervised Herds	...	...	59
(3) Number of Licensed T.T. Herds (not Attested or Supervised)	...	...	1
(4) Number of non-designated herds	...	...	1,255

In addition there were 240 Attested and 20 Supervised non-dairy and beef herds.

The tuberculin test was applied to 108,157 cattle, and the total number of herd inspections undertaken was 1,811, involving the clinical inspection of 93,405 cattle.

Tuberculous Milk—Veterinary Investigations

During 1957 six initial reports of tubercle bacilli having been found in milk were received from Medical Officers of Health. As a result of Veterinary enquiries which were carried out, three infected animals were traced and slaughtered under the Tuberculosis Order. In two cases further sampling of the herds were negative on biological examination of the milk, and in the remaining case investigations have not yet been completed. With regard to the case not completed in 1956, the infected animal was found and slaughtered under the T.B. Order.

Congenital Bovine Tuberculosis

Four reports of tuberculous lesions having been found on post-mortem examination of calves were received from Medical Officers of Health. In two of these cases, uterine washings from the dams were positive for tubercle bacilli and the animals in question were slaughtered under the Tuberculosis Order. In one case the dam had been slaughtered prior to completion of the investigation, and in the other case it was impossible to trace the vendor of the calf in question.

Brucella Abortus Infection in Milk

During the year, no reports were received from Medical Officers of Health involving illness in human beings from the consumption of milk infected with *Brucella Abortus*. Reports were received, however, of samples of milk being taken which contained *Brucella Abortus*. In these cases, the farmers concerned were visited and given advice on the control of *Brucella Abortus* infection in cattle.

(c) *Tuberculosis (Attested Herds) Scheme*

The total number of cattle in this County is approximately 206,000, and of this number 145,000, or 70% were Attested on 31st December, 1957. In March, 1957, Gloucestershire was included as an area where free tuberculin testing facilities were offered to farmers who wished to upgrade their herds to Attested status, and up to 31st December, 1957, 971 farmers had made application to this office to have their herds tested.

On 1st March, 1959, Gloucestershire will be declared an Eradication Area for tuberculosis, and all herds which are not of Attested or Supervised status at this date will then be compulsorily tuberculin tested, with valuation and slaughter of the reactors.

(d) *Calf Vaccination Scheme*

The Scheme operates for the purpose of conferring immunity against infection with bovine contagious abortion, and all female calves from four months of age up to the date of service are eligible for vaccination. Under this Scheme, 8,341 cattle were vaccinated during 1957.

(e) *Swine Fever—Registered Vaccinated Herds Scheme*

This Scheme, as stated in previous reports, is designed to encourage owners to have their herds vaccinated with Crystal Violet Vaccine for the purpose of conferring immunity in swine against infection with Swine Fever. On 31st December, 1957, the number of herds registered in the County was 35.

(f) *Poultry Stock Improvement Plan*

Under this Scheme the Ministry is responsible for ensuring that poultry flocks are kept free from infection with the disease known as Bacillary White Diarrhoea (*Salmonella Pullorum*), and adult birds of such flock-owners are submitted to blood testing throughout the season. During 1957, 47 flocks were blood tested and blood samples from 46,979 birds were examined, when no reactors were disclosed.

(g) *Dairy Cattle Disease Survey*

During 1957 dairy herds selected at random from the Milk Marketing Board's records, were included in a pilot survey scheme carried out in this County. The object of this survey, which involved 32 herds, was to obtain information on the causes and extent of wastage and the incidence of disease in dairy herds throughout the country. This survey is being continued in 1958 on a national basis.

(h) *Johne's Disease Vaccination Field Trial II*

The present Vaccination Trial is being carried out in herds heavily infected with Johne's Disease (*Mycobact Johnei*) when the usual hygienic measures have failed to assess the protective value of vaccination. As it is believed that infection is contracted at an early age, vaccination is restricted to calves up to thirty days of age. 50% of the calves to be retained are vaccinated, and the remaining 50% of non-vaccinated calves are used as controls. So far, eight herds in the County have been included in this Trial.

Figures of Tuberculosis Cases in Gloucester Division for the year ended 31.12.57 (Tuberculosis Order, 1938)

(1)	No. of suspected cases examined	...	11
(2)	No. of cases not amenable to the Order	...	2
(3)	No. of cases found amenable to the Order...		9
(4)	No. of cases of chronic cough		1
(5)	No. of cases of T.B. udder		5

(6)	No. of cases of T.B. amaciation ...	2
(7)	No. of cases of excreting T.B. material ...	—
(8)	No. of cases of T.B. milk ...	1
(9)	No. of cases which proved “advanced” on P.M.E. ...	7
(10)	No. of cases which proved “not advanced” on P.M.E. ...	2
(11)	No. of cases which proved “not affected” on P.M.E. ...	—

SECTION F

Miscellaneous

Registered Nursing Homes

At the end of the year there were four nursing homes registered in the County, excluding Cheltenham Municipal Borough. These homes provided 84 beds for general cases. Visits of inspection are made by members of the Medical Staff and the conditions prevailing in the homes were satisfactory. The County Fire Prevention Officer has continued to inspect each home for the purpose of checking the maintenance of adequate fire prevention measures.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.

TABLE I.—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS						DEATHS											
		Live Births			Still Births			Total		Under 1 year			Under 4 weeks						
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	No.	Rate per 1,000 Pop.	Leg.	Illeg.	Total	Infantile Mortality Rate per 1,000 Live Births	Leg.	Illeg.	Total	Rate 1,000 Live Births	
Urban																			
Charlton Kings	6,710	92	1	93	13.86	5	—	5	89	13.26	—	—	—	—	—	—	—	—	—
Cheltenham M.B.	68,230	1,116	94	1,210	17.73	20	—	20	815	11.94	30	3	33	27.27	20	3	23	19.01	
Cirencester	11,820	165	8	173	14.64	4	—	4	135	11.42	1	—	1	5.78	—	—	—	—	
Kingswood	21,010	307	5	312	14.85	11	—	11	210	9.99	3	—	3	9.61	3	—	3	9.61	
Mangotsfield	20,970	367	3	370	17.64	10	—	10	187	8.92	9	—	9	24.32	6	—	6	16.22	
Nailsworth	3,700	50	1	51	13.78	—	—	—	39	10.54	—	—	—	—	—	—	—	—	
Stroud	16,160	279	10	289	17.88	7	1	8	173	10.70	6	—	6	20.76	2	—	2	6.92	
Tewkesbury	5,500	75	3	78	14.18	4	—	4	74	13.45	4	1	5	64.10	3	1	4	51.28	
TOTAL U.D.	154,100	2,451	125	2,576	16.72	61	1	62	1,722	11.17	53	4	57	22.13	34	4	38	10.87	
Rural																			
Cheltenham	28,470	481	23	504	17.70	7	1	8	239	8.39	14	1	15	29.76	11	1	12	23.81	
Cirencester	15,360	230	11	241	15.69	5	1	6	106	6.90	5	—	5	20.75	4	—	4	16.60	
Dursley	17,290	252	11	263	15.21	6	—	6	172	9.95	5	—	5	19.01	3	—	3	11.41	
East Dean	20,830	331	12	343	16.47	8	—	8	213	10.22	9	—	9	26.24	5	—	5	14.58	
Gloucester	43,000	665	34	699	16.25	14	1	15	457	10.63	11	1	12	17.17	9	1	10	14.31	
Lydney	12,290	165	6	171	13.91	3	—	3	112	9.11	3	—	3	17.53	3	—	3	17.54	
Newent	8,420	141	6	147	17.46	2	—	2	83	9.86	6	1	7	47.62	4	1	5	34.01	
North Cotswold	20,420	326	12	338	16.55	2	—	2	197	9.65	9	—	9	26.63	7	—	7	20.71	
Northleach	8,150	133	9	142	17.42	2	—	2	99	12.15	3	—	3	21.13	1	—	1	7.04	
Sodbury	40,950	658	20	678	16.56	22	—	22	351	8.57	9	1	10	14.75	9	1	10	14.75	
Stroud	27,270	386	22	408	14.96	5	1	6	289	10.60	4	—	4	12.25	3	—	4	9.80	
Tetbury	6,890	88	7	95	13.79	2	—	2	94	13.64	6	—	6	63.16	4	—	4	42.10	
Thornbury	26,690	423	21	444	16.63	11	—	11	348	13.04	9	2	11	24.77	5	2	7	15.76	
Warmley	13,500	245	4	249	18.44	5	1	6	119	8.81	4	—	4	16.06	3	—	3	12.05	
West Dean	17,920	260	12	272	15.18	2	—	2	205	11.44	8	—	8	29.41	8	—	8	29.41	
TOTAL R.D.	307,450	4,784	210	4,994	16.24	96	5	101	3,084	10.03	105	7	112	22.43	79	7	86	17.22	
County Totals	461,550	7,235	335	7,570	16.40	157	6	163	4,806	10.41	158	11	169	22.32	113	11	124	16.38	

TABLE II.—1957 SUMMARY

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. B. Lethar- gic
			P	NP						
Urban										
Charlton Kings ...	6	6	—	—	97	—	2	—	—	—
Cheltenham M.B....	35	70	6	3	737	—	43	1	—	—
Cirencester ...	3	8	—	—	275	—	12	—	—	—
Kingswood ...	19	34	1	—	145	—	7	—	—	—
Mangotsfield ...	28	31	1	—	248	—	5	2	—	—
Nailsworth ...	13	30	1	—	97	—	1	—	—	—
Stroud ...	5	101	—	—	172	—	7	—	—	—
Tewkesbury M.B.	—	34	1	1	118	—	1	—	—	—
TOTALS U.D. ...	109	314	10	4	1,889	—	78	3	—	—
Rural										
Cheltenham ...	11	61	4	3	436	—	12	1	—	—
Cirencester ...	1	35	2	1	160	—	8	—	—	—
Dursley ...	14	58	2	1	194	—	20	1	—	1
East Dean ...	10	87	3	1	711	—	3	20	—	—
Gloucester ...	20	88	5	—	621	—	28	5	—	—
Lydney ...	9	8	1	—	254	—	1	—	—	—
Newent ...	2	1	2	—	59	—	1	5	—	—
North Cotswold ...	25	102	—	1	302	—	13	—	—	—
Northleach ...	6	16	—	—	159	—	2	—	—	—
Sodbury ...	25	147	4	—	660	—	26	5	—	—
Stroud ...	7	74	1	1	331	—	13	2	—	—
Tetbury ...	—	21	1	—	210	—	3	1	—	—
Thornbury ...	2	76	8	—	407	—	22	27	—	—
Warmley ...	2	32	2	—	53	—	7	—	—	—
West Dean ...	6	79	1	—	493	—	8	—	—	—
TOTALS R.D. ...	140	885	36	8	5,050	—	167	67	—	1
County Totals ...	249	1,199	46	12	6,939	—	245	70	—	1

C.P.—Chicken Pox
M.—Malaria

INFECTIOUS DISEASE NOTIFICATIONS

Typhoid Fever	Para- Typhoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neona	Tuberculosis			Other
							Pul- monary	Meninges and CNS	Other	
—	—	—	—	—	—	—	—	—	—	—
—	—	7	1	33	80	1	29	1	7	—
—	—	2	—	—	7	—	9	—	—	139 C.P.
—	—	2	—	3	2	—	35	1	—	—
—	—	3	1	2	3	—	14	1	1	—
—	—	—	—	—	5	—	1	—	1	—
—	—	—	—	—	8	—	8	—	3	—
—	—	—	—	—	1	—	4	—	—	—
—	—	14	2	38	106	1	100	3	12	139 C.P.
1	—	—	—	—	6	—	6	—	—	—
—	—	—	—	—	2	—	6	—	3	49 C.P. 1 M.
—	—	4	—	—	—	—	8	—	4	—
—	—	3	—	1	8	—	11	1	3	—
—	—	3	—	6	9	1	21	1	3	—
—	—	1	—	—	2	—	5	—	—	—
—	—	—	—	—	2	—	1	—	1	—
—	—	10	—	—	4	—	4	—	—	—
—	—	3	—	—	3	—	1	—	—	4 C.P.
—	—	4	—	3	7	—	24	3	1	—
—	—	—	—	1	7	—	8	—	7	—
—	—	1	—	—	—	—	5	1	1	—
—	—	7	—	—	2	—	25	—	9	—
—	—	—	—	—	3	—	6	—	—	—
—	—	2	1	—	1	—	8	—	2	—
1	38	1	11	56	1	139	6	34	1 M. 53 C.P.	
1	52	3	49	162	2	239	9	46	1 M. 192 C.P.	

TABLE III.—1957

CAUSES OF AND AGES AT DEATH

Causes of Death		Under 1 year	1-4	5-14	15-24	25-44	45-64	65 years and over	Total
1	Tuberculosis, respiratory	—	—	—	1	7	15	13	36
2	Tuberculosis, other	—	—	—	—	1	2	2	5
3	Syphilitic disease	—	—	—	—	—	4	9	13
4	Diphtheria	—	—	—	—	—	—	—	—
5	Whooping Cough	1	1	—	—	—	—	—	2
6	Meningococcal infections	1	—	—	—	—	—	—	1
7	Acute poliomyelitis	—	—	—	—	—	—	—	—
8	Measles	—	—	1	—	—	—	—	1
9	Other infective and parasitic diseases	—	1	—	1	1	3	4	10
10	Malignant neoplasm, stomach	—	—	—	—	2	39	91	132
11	Malignant neoplasm, lung, bronchus	—	—	—	—	8	87	69	164
12	Malignant neoplasm, breast	—	—	—	—	8	37	47	92
13	Malignant neoplasm, uterus	—	—	—	—	4	11	20	35
14	Other malignant and lymphatic neoplasms	—	1	—	3	33	120	237	395
15	Leukaemia, aleukaemia	—	2	1	3	5	4	8	23
16	Diabetes	—	—	1	—	—	6	14	21
17	Vascular lesions of nervous system	—	—	—	—	10	115	552	677
18	Coronary disease, angina	—	—	—	—	19	189	488	696
19	Hypertension with heart disease	—	—	—	—	—	16	96	112
20	Other heart diseases	—	—	—	—	7	71	767	845
21	Other circulatory diseases	—	—	—	—	4	27	160	191
22	Influenza	—	3	2	4	2	13	49	73
23	Pneumonia	16	9	2	2	5	33	129	196
24	Bronchitis	—	1	—	—	2	41	141	185
25	Other diseases of respiratory system	2	—	—	1	—	24	39	66
26	Ulcer of stomach and duodenum	—	—	—	—	2	18	34	54
27	Gastritis, enteritis and diarrhoea	—	—	1	—	—	5	8	14
28	Nephritis and nephrosis	—	—	1	1	6	12	16	36
29	Hyperplasia of prostate	—	—	—	—	—	2	43	45
30	Pregnancy, childbirth, abortion	—	—	—	1	1	—	—	2
31	Congenital malformations	34	4	3	1	5	5	—	52
32	Other defined and ill-defined diseases	103	8	4	6	29	71	194	415
33	Motor vehicle accidents	—	3	8	18	12	12	10	63
34	All other accidents	12	6	2	5	8	18	67	118
35	Suicide	—	—	—	1	9	17	7	34
36	Homicide and operations of war	—	1	—	—	—	1	—	2
TOTALS		169	40	27	48	190	1,018	3,314	4,806